Ministry of Health
Medical Services Branch

2012-13
ANNUAL STATISTICAL REPORT

Government of Saskatchewan

Preface

This fiscal year 2012-13 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

Comments or questions concerning the material in this document may be addressed to:

Executive Director
Medical Services Branch
Saskatchewan Ministry of Health
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Phone: (306) 787-3423
Fax: (306) 787-3761

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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician and optometrist services, and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives. Payments by the Plan under its program areas (does not include administration costs) totalled $756.8 million in 2012-13 (see page 5), an increase of $21.1 million or 2.8 per cent over 2011-12.

- The Branch supports the Medical Education System at the College of Medicine with funding of $52.0 million in 2012-13 (see page 5). The Medical Education System covers the following areas:

  - academic and clinical services provided by faculty;
  - undergraduate medical students stipends, post-graduate (including international medical graduates (IMGs)) and re-entry training; and,
  - 401 post-graduate medical resident positions (see Table 33).

- MSP, through its Professional Review Committees, recovered $506,900 in fee-for-service payments from 15 practitioners who were found to have incorrectly charged the Plan (Table 2).

- The number of claims processed and paid in 2012-13 totalled 8.0 million and increase 1.7 per cent from 2011-12 (Table 3).

- Benefits paid for insured services - provided by physicians, optometrists, and dentists - amounted to $571.9 million, an increase of 5.2 per cent on a per capita basis (Table 8). Total expenditures (000's) by program area:

	2011-12	2012-13	Per Capita Change
Physicians	$531,873	$562,904	5.8 %
Optometrists	$6,936	$7,306	4.7 %
Dentists	$1,735	$1,732	-0.8 %

(see status of current agreements on page 58)

- Payments for out-of-province physician services totalled $34.9 million (Table 11) up 1.4 per cent. Increased costs were mainly due to physician fee increases. Out-of-province hospital payments totalled $84.7 million (Table 13a), down 0.4 per cent.

- Services outside Canada for patients with prior approval:

	2011-12	2012-13
Patients	77	66
Practitioner Costs	$1,876,394	$781,953
Hospital Costs	$8,828,447	$1,621,267
Total Costs	$10,704,841	$2,403,220

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year-end to 1,513 from 1,456 in 2011-12. Metro (Regina and Saskatoon) general practitioners (GP) increased by 16 (to 413), other urban general practitioners increased by 3 (to 182), and rural general practitioners decreased by 1 (to 217); specialists increased by 37 (to 701) (Table 20).

  Average payments to active physicians (Table 25):

General Practitioners	$280,200
Specialists	$423,900
All Physicians	$346,800

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural (GP) Emergency Coverage Programs totalled $39.0 million (Table 27).

- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totalled $190.9 million (Table 28), an increase of 12.0 per cent.

- The per capita costs for physician services increased by 6.5 per cent to $550 from $516 in 2011-12 (Table 31).

- The Expenditure for Special Calls and Emergency has increased by 35.0 per cent from 7.7 million in 2011-12 to 10.5 million in 2012-13. This is mainly due to the increase in negotiated rates.

Physician Remuneration

- In 2012-13, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $471.8 million (see page 6), an increase of 4.9 per cent from 2011-12.
- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2012-13, this sector accounted for about $313.2 million, 0.9 per cent of Saskatchewan Ministry of Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).
- The number of claims processed and paid in 2010-11 totalled 8.3 million, a decrease of 8.8 per cent from 2009-10 (Table 3).
- The amount of new and continuing physician bursaries and grants increased from 197 to 185 in 2012-13 for a total commitment of $4.9 million.

Restatement

- For comparative purposes, payment figures shown in the statistical data tables have been adjusted to include retroactive payments for services provided pursuant to the agreement with the Saskatchewan Medical Association.

Medical Services Branch 2012-13 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	$516,972,525	67.9
Physicians – Fee-for-Service[1]	479,371,763	62.9
Physicians – Non-FFS		
- Alternate Payments	7,630,389	1.0
- Physician Stabilization	5,151,755	0.7
- Northern Health, Student Health & Community Clinics[2]	18,838,132	2.5
Optometrists	6,596,144	0.9
Dentists	1,724,943	0.2
Out-Of-Province (including Hospital)	128,622,251	16.9
Saskatchewan Medical Association Programs[3]	59,089,167	7.8
Medical Education System	51,980,014	6.8
Dental Residency Grant	122,000	0.0
Administration	4,775,249	0.6
Total Expenditures	**$761,561,206**	**100.0**

[1] Includes Emergency Rural Coverage Program payments processed through the Claims System.
[2] These expenditures include payments to physicians only.
[3] Includes Specialist Emergency Coverage Program payments, Family Physician Comprehensive Care Program, General Practitioner Specialist Program and Quality Initiative Program.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of optometric Supplementary Health Program claims.
2) MSP Out-Of-Province payments include physician, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2012-13

	Expenditures
Fee-For-Service (FFS)	$471,788,011
Emergency Rural Coverage Programs (ERCP)[3] and Family Physicians On-call	$8,385,751
Specialist Emergency Coverage Programs (SECP)	$30,252,747
Non-fee-for-service (Non-FFS)	$313,229,716
Medical Remuneration	$154,017,421
[1,2]Saskatchewan Cancer Agency	$18,997,040
[1,2]Student Health Centre	$749,903
[1,2]Community Clinics	$8,909,055
Physician Stabilization	$5,151,755
[1,2]Northern Health Contract Physicians	$9,501,174
Alternate Payments - MSB Non-FFS	$5,416,751
Alternate Payments - RHA Operating	$31,811,880
[1,2]Alternate Payments - Primary Health Services Sites	$32,017,737
Clinical Services Fund (College of Medicine)	$46,657,000
Sub-Total: Payments for Physician Services (including FFS, Emergency Coverage Programs and Non-FFS)	**$823,656,225**
Medical Education Bursary and Recruitment Programs	$42,369,001
Family Physician Comprehensive Care Program and Metro On Call	$11,358,930
General Practitioner Specialist	$733,951
Quality Initiative Program	$721,539
Undergraduate Medical Bursaries	$105,000
Medical Residency Bursaries	$475,000
Rural Practice Enhancement Training	$80,000
Rural Practice Establishment Grants	$430,000
Rural and Remote Incentives	$2,050,000
Continuing Medical Education Program	$4,400,000
Canadian Medical Protective Agency (CMPA) Funding	$6,107,000
Practice Enhancement Program	$75,000
Physician Retention Fund	$7,200,000
Specialist Resident Bursary Program	$962,500
Specialist Physician Enhancement Training Bursary	$179,167
Specialist Practice Establishment Grant	$772,500
Specialist Rural & Remote Incentives	$85,833
Electronic Medical Records and Information Technology	$4,000,000
Parental Leave Program	$700,000
Saskatchewan Health Re-entry Training	$187,634
Supernumerary IMG Training Seats	$1,744,947
Grand Total: Expenditures (including SMA & Bursary Programs)	**$866,025,226**
Continuing Bursaries from Previous Years	

[1] Expenditures in these areas are managed by other Branches of the Ministry of Health.
[2] These expenditures include payments to physicians only.
[3] Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

Notes:

1) Ministry funding for physician services may not equal expenditures by RHAs.
2) Payments include lump sum retroactive payments made in the 2012-13 fiscal year pursuant to the agreement between the Ministry of Health and the Saskatchewan Medical Association.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician and optometrist services, and a limited range of dental services.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50 years of age and older are available and funded through the provincial Screening Program for Breast Cancer;
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- other diagnostic services provided by a physician.

Preventive Medical Services

- Immunization services where not available through any government or regional health authority;
- examination and report for adoptions for both child and parents;
- examination and report for persons becoming foster parents; and,
- a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by optometrists is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program; and,
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and,
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillofacial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required to provide:

- heart surgery;
- services for chronic renal disease;
- head and neck cancer services; and,
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- tumours – including benign and malignant; and,
- congenital – including cleft palate and metabolic.

The referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Chiropractic Services

Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are insured for a maximum of 12 chiropractic services per year. The Medical Services Branch pays for chiropractic x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services

Services provided by physicians in other provinces except Quebec, are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Services Act*;
- lab services by specialists in pathology;
- the cost of travel, accommodation and meals;
- advice by telephone except when provided by physicians to allied health personnel;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings/ requirements, vehicle seatbelt exemptions or at the request of a third party;
- autopsy;
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- services provided by chiropractor – coverage is limited to those beneficiaries covered under the Supplementary Health Program, Family Health, or Seniors Income Plan;
- dentistry, except as described under Insured Services - Dental Services;
- drugs and dressings;
- appliances (e.g. eyeglasses, artificial limbs);

- routine eye examinations by physicians – coverage is limited to those beneficiaries who would be covered under the optometric program (see page 7);
- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization;
- implantation of penile prosthesis;
- thermal ablation of obviously benign skin lesions;
- injection of asymptomatic varicose veins; and,
- non-medically required circumcisions.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

The Primary Health Services Branch provides a global system of payment for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing patterns of practitioners. These committees are empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2012-13 on a fee-for-service and non-fee-for service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and pediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2012-13 include some services provided in 2011-12. Fiscal years typically consist of 26 pay runs; however, the 2007-08 fiscal year included an additional pay run.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Lump sum retroactive payments to physicians in 2011-12 are included (or excluded) in tables as footnoted. Payments made in 2011-12 were adjusted and lump sum retroactive payments were removed from 2011-12 and added in 2009-10 and 2010-11 payments respectivley where applicable and footnoted. Any such payments, whether included or excluded from the data tables, are included in the expenditure tables on pages 5 and 6.

Optometric Services under Supplementary Health - Changes to the optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed

examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** – Medical examinations for adoptions, for rape victims, for follow-up cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.

(q) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons is eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician is eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

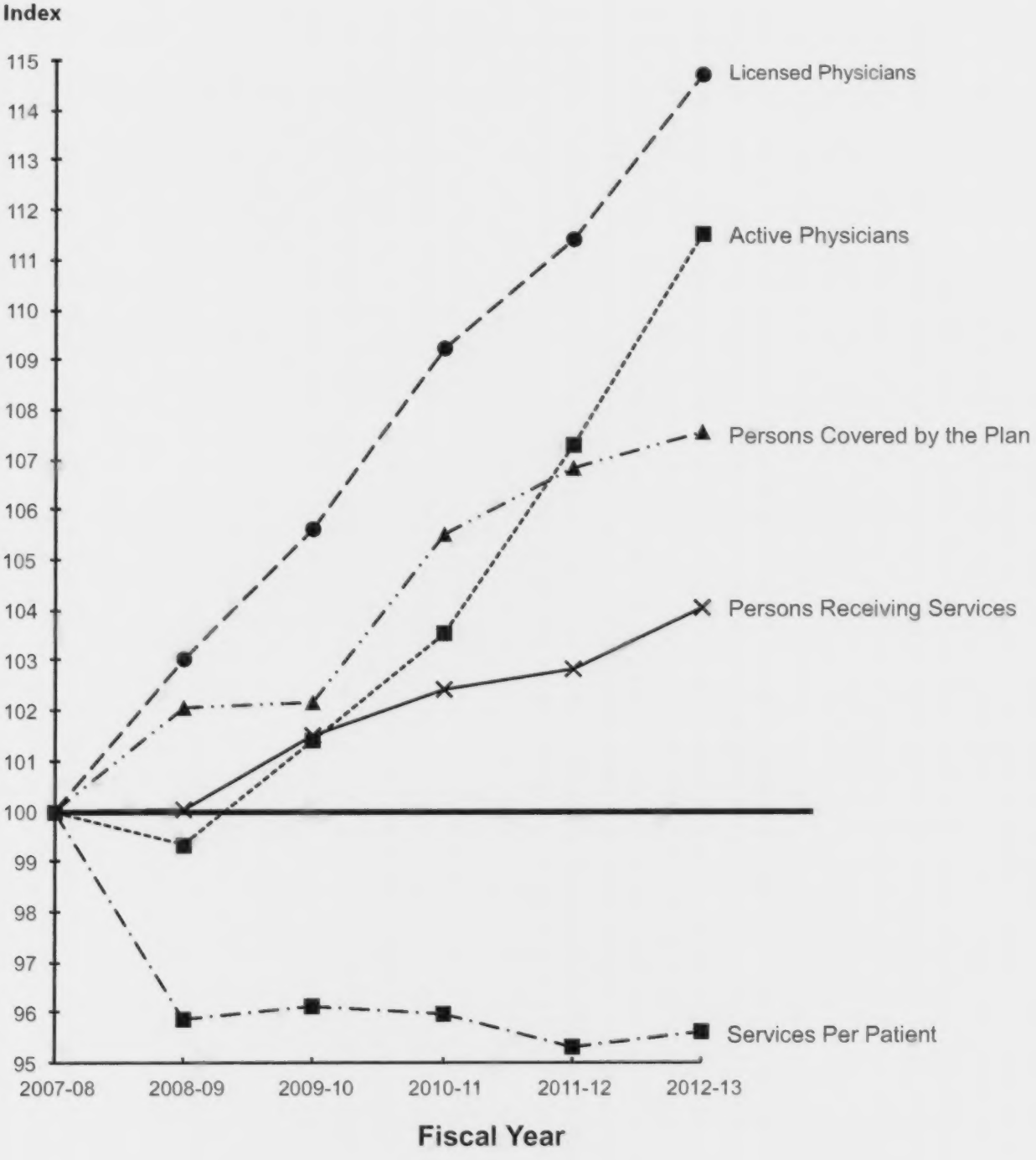
II. Optometrist - A practitioner registered by the Saskatchewan Association of Optometrists.

III. Dentist - A practitioner registered by the College of Dental Surgeons of Saskatchewan.

Note: Definition of Active Physician - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1

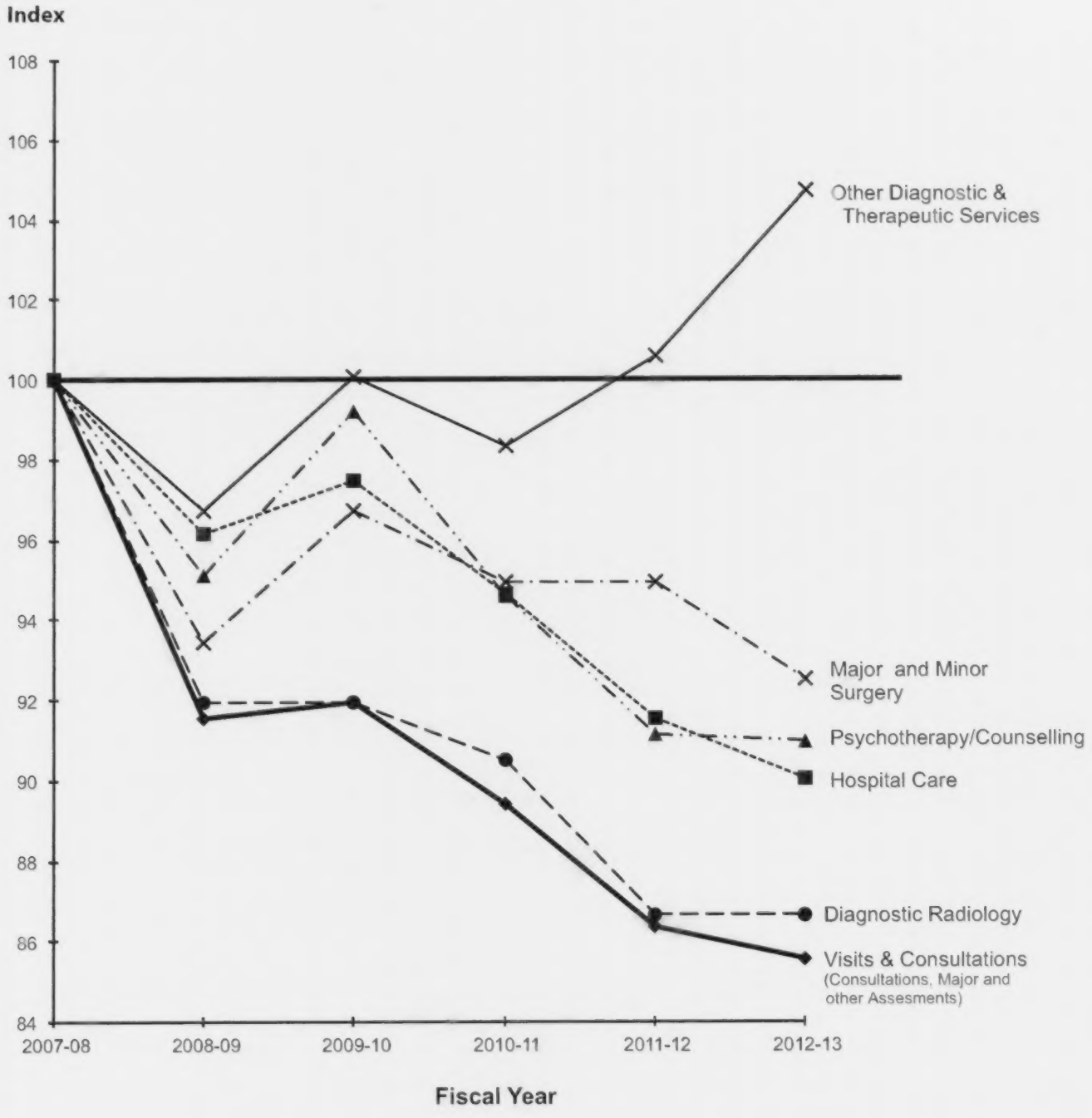
Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2007-08 to 2012-13



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2007-08 to 2012-13



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

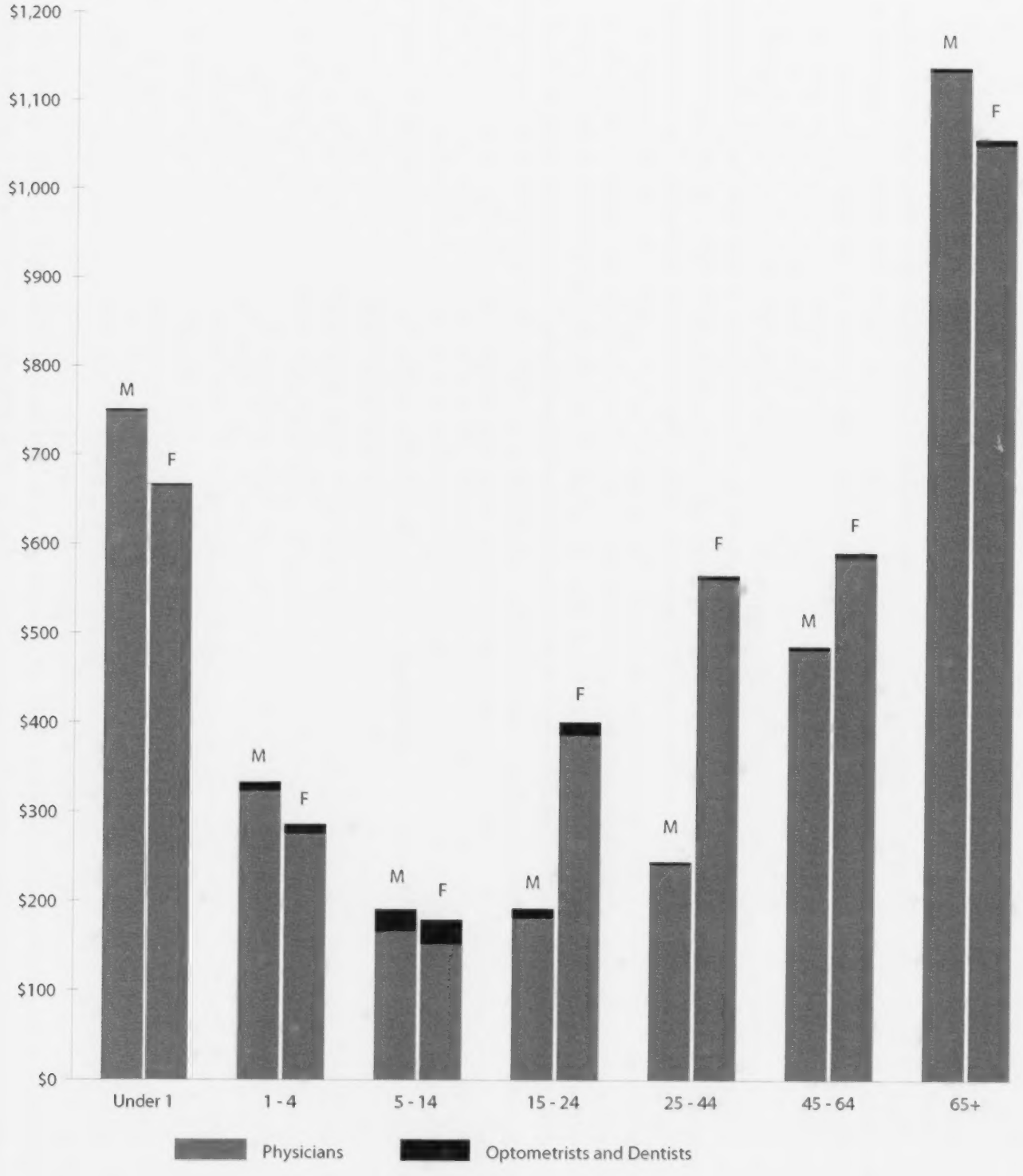
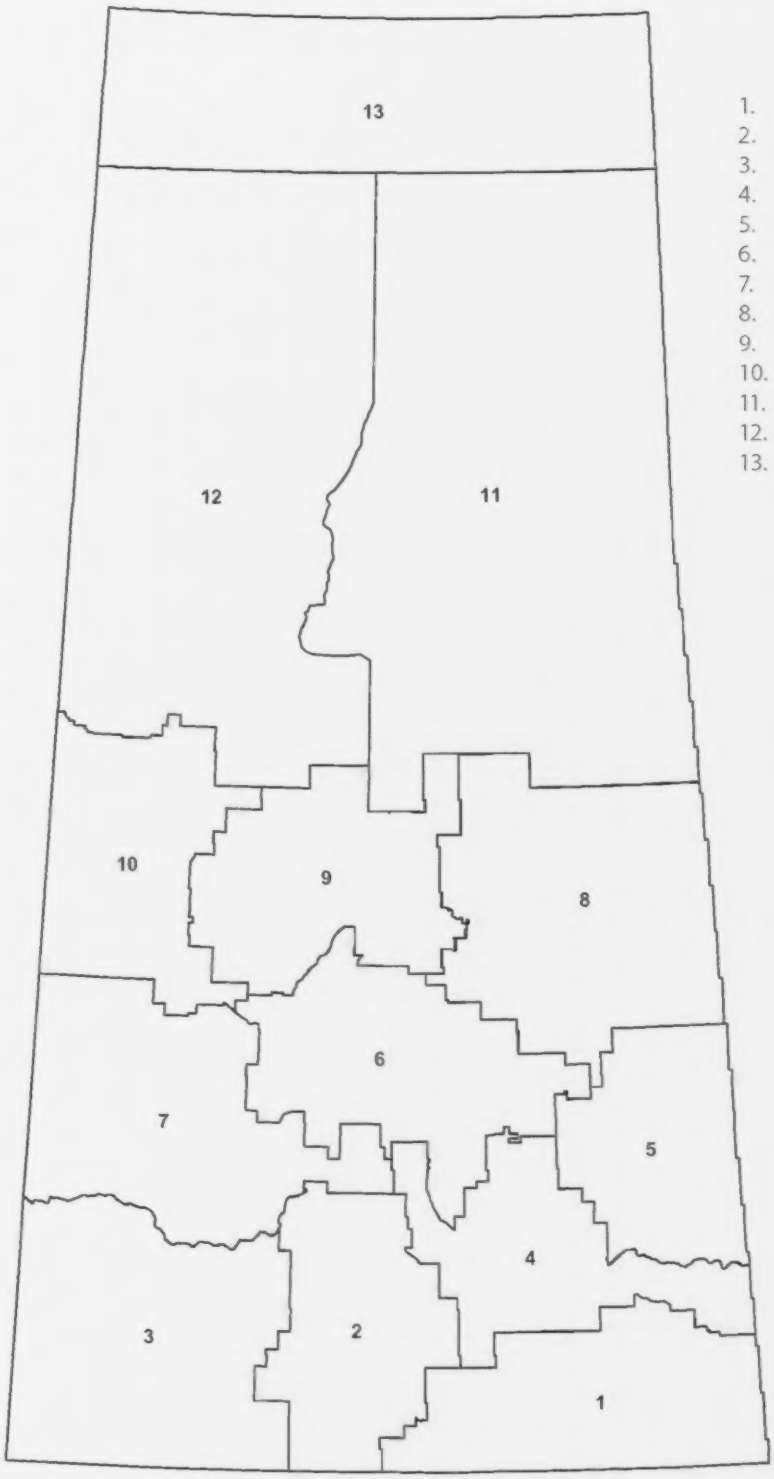


Figure 4

Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2008-09	465,619	1.31	3.59	-2.20
2009-10[3]	492,721	5.74	2.43	3.23
2010-11[3]	520,972	2.36	7.12	-4.44
2011-12[3]	539,691	2.28	1.34	0.93
2012-13	571,711	5.27	2.93	2.27
Average Annual Per Cent Change 2008-09 to 2012-13	5.27	3.91	3.46	0.50

[1] All physician, optometric and dental insured services are included. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

[2] 2010-11 cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

[3] Lump sum payments in lieu of retroactive amendments to Payment Schedules made to dentists and surgeons in 2009-10 are included. Lump sum payments made in 2011-12 for retroactive amendments to the physician Payment Schedule have been allocated to 2009-10 and 2010-11.

[4] Fee schedule increases are based on theoretical values of fee and new items increases.

[5] The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2011-12		2012-13	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	2,054	($318.6)	2,120	($194.2)
Routine Assessment on Out-of-Province Claims[1]	–	1,594.5	–	1,679.2
Special MSP Studies and Professional Review Activity[2]	14	229.8	15	506.9
Third Party Liability Recoveries[3]	–	2,334.3	–	4,667.6
Total	**–**	**$3,840.0**	**–**	**$6,659.5**

[1] All physician, optometric and dental insured services are included. Includes payments for rural assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, and any lump sum retroactive payments to practitioners.

[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

[3] The dollar amounts are recoveries for the cost of health services collected under the authority of The Department of Health Act.

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid 2011-12	Number of Claims Paid 2012-13	Per Cent of Claims Paid 2011-12	Per Cent of Claims Paid 2012-13
Physicians, Dentist & Dental Surgeons	**7,735,828**	**7,863,044**	**98.13**	**98.11**
In-Province Claims[1]	7,457,204	7,576,154	94.60	94.53
Out-of-Province Reciprocal Billing[2]	275,148	284,899	3.49	3.55
Other Out-of-Province	3,476	1,991	0.04	0.02
Optometrists	**144,715**	**148,820**	**1.84**	**1.86**
In-Province Claims	143,426	147,720	1.82	1.84
Out-of-Province	1,289	1,100	0.02	0.01
Beneficiaries	**2,679**	**2,512**	**0.03**	**0.03**
Total	**7,883,222**	**8,014,376**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.
[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.
[3] Includes claims for optometrist services covered by the Supplementary Health Program.

Note:

1) See "Data Limitations" on page 10.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2012		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,130	6,878	14,771	12,754	870,716	720,032
1 - 4	30,224	28,924	6,581	5,662	328,050	280,978
5 - 14	68,359	65,584	4,100	3,834	172,874	154,070
15 - 24	78,589	74,337	4,147	8,616	192,882	409,352
25 - 44	146,411	142,011	5,513	11,975	252,184	603,642
45 - 64	144,003	141,264	10,244	12,944	500,608	606,817
65 and over	70,477	86,762	23,780	23,688	1,185,423	1,089,308
All Beneficiaries	**545,193**	**545,760**	**8,930**	**12,327**	**432,243**	**590,707**
B. Optometrists						
Under 1	7,130	6,878	20	23	1,074	1,178
1 - 4	30,224	28,924	180	191	9,528	10,123
5 - 14	68,359	65,584	465	502	25,007	26,964
15 - 24	78,589	74,337	146	194	7,561	9,893
25 - 44	146,411	142,011	37	67	1,449	2,576
45 - 64	144,003	141,264	51	76	1,974	3,017
65 and over	70,477	86,762	76	118	3,030	4,613
All Beneficiaries	**545,193**	**545,760**	**123**	**153**	**6,070**	**7,324**
C. Dentists						
Under 1	7,130	6,878	2	1	222	45
1 - 4	30,224	28,924	1	0	59	28
5 - 14	68,359	65,584	13	19	745	835
15 - 24	78,589	74,337	25	33	3,146	4,286
25 - 44	146,411	142,011	11	15	1,117	1,301
45 - 64	144,003	141,264	16	25	1,574	2,067
65 and over	70,477	86,762	12	12	1,162	1,236
All Beneficiaries	**545,193**	**545,760**	**14**	**19**	**1,419**	**1,756**

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
5) See "Data Limitations" on page 10.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2011-12 Number of Beneficiaries[1]	2011-12 % of Beneficiaries	2011-12 % of Payments	2011-12 % of Services	2012-13 Number of Beneficiaries[1]	2012-13 % of Beneficiaries	2012-13 % of Payments	2012-13 % of Services
A. Physicians Only								
$0.00	182,402	16.8	–	<0.1	178,863	16.4	–	<0.1
$0.01 - $25.00	9,169	0.8	0.0	0.1	9,936	0.9	0.0	0.1
$25.01 - $50.00	97,622	9.0	0.6	1.0	100,350	9.2	0.6	1.0
$50.01 - $100.00	120,384	11.1	1.8	2.5	115,825	10.6	1.6	2.4
$100.01 - $250.00	223,456	20.6	7.1	9.8	223,418	20.5	6.7	9.4
$250.01 - $500.00	178,800	16.5	12.2	15.4	179,119	16.4	11.6	14.8
$500.01 - $1,000.00	136,698	12.6	18.3	20.4	140,065	12.8	17.7	19.9
$1,000.01 - $1,500.00	52,625	4.9	12.3	12.7	54,007	5.0	11.9	12.5
$1,500.01 - $2,000.00	29,630	2.7	9.8	8.9	29,913	2.7	9.3	8.7
$2,000.01 - $5,000.00	45,221	4.2	24.8	20.2	50,147	4.6	26.3	21.3
Over $5,000.00	8,120	0.7	13.2	8.9	9,310	0.9	14.2	9.9
Total	**1,084,127**	**100.0**	**100.0**	**100.0**	**1,090,953**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$0.00	965,223	89.0	–	<0.1	968,043	88.7	–	<0.1
$0.01 - $25.00	24	0.0	0.0	0.0	24	0.0	0.0	0.0
$25.01 - $50.00	14,919	1.4	9.2	10.2	16,262	1.5	9.7	10.8
Over $50.00	103,961	9.6	90.8	89.7	106,624	9.8	90.3	89.1
Total	**1,084,127**	**100.0**	**100.0**	**100.0**	**1,090,953**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) See "Data Limitations" on page 10.

Table 6

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Sex	Population Insured[1]	Population Treated[2]	Per Cent Treated	Average Per Person Insured Services	Average Per Person Insured Cost	Average Per Person Treated Services	Average Per Person Treated Cost	Average Payment Per Service
Under 1	M	7,130	8,729	100.00	14.77	870.72	12.07	711.22	58.95
	F	6,878	8,337	100.00	12.75	720.03	10.52	594.02	56.46
	T	14,008	17,066	100.00	13.78	796.73	11.31	653.97	57.82
1 - 4	M	30,224	26,423	87.42	6.58	328.05	7.53	375.24	49.85
	F	28,924	24,778	85.67	5.66	280.98	6.61	327.99	49.63
	T	59,148	51,201	86.56	6.13	305.03	7.08	352.38	49.75
5 - 9	M	34,439	25,665	74.52	4.40	186.10	5.91	249.72	42.26
	F	32,957	24,431	74.13	4.03	164.13	5.44	221.40	40.70
	T	67,396	50,096	74.33	4.22	175.35	5.68	235.91	41.53
10 - 14	M	33,920	22,986	67.77	3.79	159.45	5.60	235.30	42.04
	F	32,627	22,256	68.21	3.63	143.91	5.33	210.98	39.61
	T	66,547	45,242	67.99	3.71	151.83	5.46	223.33	40.87
15 - 19	M	37,331	25,027	67.04	4.16	193.78	6.20	289.04	46.62
	F	35,472	28,674	80.84	6.98	322.08	8.64	398.44	46.12
	T	72,803	53,701	73.76	5.53	256.29	7.50	347.46	46.31
20 - 24	M	41,258	27,049	65.56	4.14	192.07	6.31	292.97	46.42
	F	38,865	34,761	89.44	10.11	489.00	11.30	546.74	48.39
	T	80,123	61,810	77.14	7.03	336.10	9.12	435.68	47.79
25 - 29	M	40,999	27,606	67.33	4.49	202.25	6.67	300.37	45.02
	F	39,506	35,944	100.00	12.45	653.12	13.68	717.84	52.48
	T	80,505	63,550	78.94	8.40	423.51	10.64	536.50	50.44
30 - 34	M	37,924	26,733	70.49	5.13	232.21	7.28	329.41	45.25
	F	36,468	33,396	91.58	13.02	683.20	14.22	746.05	52.46
	T	74,392	60,129	80.83	9.00	453.29	11.13	560.81	50.37
35 - 39	M	34,261	25,024	73.04	5.86	272.23	8.02	372.71	46.45
	F	33,577	29,733	88.55	11.42	561.04	12.89	633.57	49.14
	T	67,838	54,757	80.72	8.61	415.18	10.67	514.36	48.22
40 - 44	M	33,227	24,660	74.22	6.85	315.93	9.23	425.69	46.14
	F	32,460	28,294	87.17	10.80	498.11	12.39	571.45	46.11
	T	65,687	52,954	80.62	8.80	405.96	10.92	503.57	46.12
45 - 49	M	37,302	27,822	74.59	7.55	350.85	10.12	470.39	46.49
	F	36,790	31,349	85.21	10.99	510.40	12.90	598.98	46.42
	T	74,092	59,171	79.86	9.26	430.07	11.59	538.52	46.45
50 - 54	M	40,102	32,154	80.18	9.21	441.98	11.49	551.22	47.99
	F	39,287	35,217	89.64	12.48	571.49	13.92	637.54	45.80
	T	79,389	67,371	84.86	10.83	506.07	12.76	596.35	46.74
55 - 59	M	37,201	31,829	85.56	11.14	554.16	13.02	647.69	49.75
	F	36,303	33,334	91.82	13.41	635.61	14.61	692.22	47.39
	T	73,504	65,163	88.65	12.26	594.39	13.83	670.47	48.48
60 - 64	M	29,398	26,555	90.33	13.94	702.84	15.44	778.09	50.41
	F	28,884	27,044	93.63	15.47	741.48	16.53	791.93	47.92
	T	58,282	53,599	91.96	14.70	721.99	15.99	785.07	49.11
65 - 69	M	22,146	21,163	95.56	17.82	940.32	18.65	984.00	52.76
	F	22,400	21,734	97.03	18.20	899.82	18.75	927.40	49.45
	T	44,546	42,897	96.30	18.01	919.96	18.70	955.32	51.08
70 - 74	M	16,359	15,896	97.17	21.25	1,105.92	21.87	1,138.14	52.04
	F	17,799	17,475	98.18	21.03	1,033.95	21.42	1,053.12	49.17
	T	34,158	33,371	97.70	21.13	1,068.42	21.63	1,093.62	50.55
75 & Over	M	31,972	33,042	100.00	29.20	1,395.88	28.25	1,350.67	47.80
	F	46,563	47,636	100.00	27.35	1,201.62	26.73	1,174.56	43.94
	T	78,535	80,678	100.00	28.10	1,280.70	27.36	1,246.69	45.57
Total all ages	**M**	**545,193**	**428,363**	**78.57**	**8.93**	**432.24**	**11.37**	**550.13**	**48.40**
	F	**545,760**	**484,393**	**88.76**	**12.33**	**585.55**	**13.89**	**659.73**	**47.50**
	T	**1,090,953**	**912,756**	**83.67**	**10.63**	**508.94**	**12.70**	**608.30**	**47.88**

[1] Population as at June 30, 2012.
[2] Population treated at anytime during the fiscal year.

Notes:

1) Excludes payments for specialist and rural emergency coverage programs.
2) Payment figures in this table exclude retroactive payments, pursuant to the agreement with the Saskatchewan Medical Association.
3) Comparisons of services to previous years' Annual Statistical Reports would be affected by the time of day, age and pediatric premiums which are no longer counted as individual services.

Table 7

Services by Type of Service

Type of Service[1]	Number of Services (000's) 2011-12	Number of Services (000's) 2012-13	Number of Services Per 1,000 Beneficiaries 2011-12	Number of Services Per 1,000 Beneficiaries 2012-13	Per Cent Change 2011-12 to 2012-13
In-Province Physician Services	**10,787.4**	**10,927.6**	**9,951**	**10,017**	**0.66**
Consultations	492.1	499.2	454	458	0.80
Major Assessments	485.1	484.5	447	444	-0.75
Other Assessments	3,983.7	3,964.0	3,675	3,633	-1.12
Psychotherapy	388.1	384.2	358	352	-1.63
Average Of Visit Services	**5,349.0**	**5,331.8**	**4,934**	**4,887**	**-0.95**
Hospital Care	**602.4**	**605.0**	**556**	**555**	**-0.19**
Special Calls and Emergency	**238.1**	**242.5**	**220**	**222**	**1.20**
Major Surgery	126.9	131.1	117	120	2.66
Minor Surgery	216.4	206.1	200	189	-5.34
Surgical Assistance	146.4	150.9	135	138	2.45
Obstetrics	27.3	28.7	25	26	4.57
Anaesthesia	700.3	724.9	646	664	2.87
Average Of Surgical Services	**1,217.3**	**1,241.8**	**1,123**	**1,138**	**1.37**
Diagnostic Radiology	267.8	269.5	247	247	0.00
Laboratory Services	332.5	321.2	307	294	-4.00
Other Diagnostic and Therapeutic Services	1,827.0	1,913.8	1,685	1,754	4.09
Special and Miscellaneous Services	953.6	1,002.1	880	919	4.43
Average Of Diagnostic Services	**3,380.9**	**3,506.5**	**3,119**	**3,214**	**3.07**
In-Province Dental Services	**17.4**	**18.1**	**16**	**17**	**3.50**
In-Province Optometric Services	**140.8**	**146.2**	**130**	**134**	**3.18**
Refractions by Optometrists	95.6	98.2	88	90	2.09
Other Optometric Services	45.1	47.9	42	44	5.63
Out-of-Province Services					
Physician Services	634.6	668.8	585	613	4.74
Dental Services	0.1	0.1	–	–	–
Optometric Services	4.9	4.2	5	4	-14.62
All Services	**11,585.1**	**11,765.0**	**10,686**	**10,784**	**0.91**

[1] The "Definitions of Service Groupings", page 10, describe inclusions in these classifications.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 8

Payments by Type of Service

Type of Service	Dollar Payments (000's) 2011-12	Dollar Payments (000's) 2012-13	Dollar Payments Per 1,000 Beneficiaries 2011-12[3]	Dollar Payments Per 1,000 Beneficiaries 2012-13	Per Cent Change 2011-12 to 2012-13
In-Province Physician Services	**497,491**	**528,048**	**458,887**	**484,025**	**5.48**
Consultations	59,618	63,546	54,992	58,249	**5.92**
Major Assessments	30,803	30,865	28,412	28,292	**-0.42**
Other Assessments	147,776	153,059	136,309	140,299	**2.93**
Psychotherapy	17,540	18,477	16,179	16,937	**4.68**
Average Of Visit Services	**255,736**	**265,948**	**235,892**	**243,775**	**3.34**
Hospital Care	**17,538**	**17,887**	**16,177**	**16,396**	**1.35**
Special Calls and Emergency	**7,718**	**10,488**	**7,119**	**9,614**	**35.04**
Major Surgery	47,974	50,961	44,252	46,712	**5.56**
Minor Surgery	7,335	7,766	6,766	7,119	**5.21**
Surgical Assistance	12,197	12,686	11,251	11,628	**3.36**
Obstetrics	12,039	13,996	11,105	12,829	**15.53**
Anaesthesia	32,751	36,049	30,209	33,044	**9.38**
Average Of Surgical Services	**112,297**	**121,458**	**103,583**	**111,332**	**7.48**
Diagnostic Radiology	12,756	13,221	11,766	12,119	**3.00**
Laboratory Services	1,454	1,445	1,341	1,325	**-1.22**
Other Diagnostic and Therapeutic Services	72,186	77,678	66,584	71,202	**6.93**
Special and Miscellaneous Services[2]	17,807	19,924	16,425	18,263	**11.19**
Average Of Diagnostic Services	**104,202**	**112,268**	**96,116**	**102,908**	**7.07**
In-Province Dental Services	**1,720**	**1,710**	**1,586**	**1,568**	**-1.17**
In-Province Optometric Services	**6,697**	**7,093**	**6,177**	**6,502**	**5.25**
Refractions by Optometrists	5,187	5,433	4,785	4,981	**4.10**
Other Optometric Services	1,510	1,659	1,393	1,521	**9.21**
Out-of-Province Services					
Physician Services	34,382	34,856	31,714	31,950	**0.74**
Dental Services	15	22	14	20	**40.07**
Optometric Services	239	213	221	196	**-11.40**
All Services	**540,545**	**571,943**	**498,599**	**524,260**	**5.15**

[1] The "Definitions of Service Groupings", page 10, describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.
[3] For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.
3) See "Data Limitations" on page 10.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2011-12[2]			2012-13		
	General Practitioners ($)	Specialists ($)	All Practitioners ($)	General Practitioners ($)	Specialists ($)	All Practitioners ($)
In-Province Physician Services	**33.79**	**64.73**	**46.12**	**36.67**	**67.29**	**49.23**
Consultations	81.53	123.04	121.15	54.40	129.51	127.31
Major Assessments	60.29	81.05	63.50	60.75	82.31	63.71
Other Assessments	35.71	47.73	37.10	36.87	51.24	38.61
Psychotherapy	37.31	61.22	45.20	39.70	63.82	46.56
Average Of Visit Services	**38.43**	**82.81**	**47.81**	**39.62**	**86.42**	**49.77**
Hospital Care	**28.87**	**29.42**	**29.11**	**29.90**	**31.32**	**30.54**
Special Calls and Emergency	**31.95**	**33.18**	**32.42**	**42.44**	**44.50**	**43.25**
Major Surgery	249.04	382.85	378.21	260.10	393.43	388.74
Minor Surgery	18.82	79.27	33.91	20.35	81.59	37.68
Surgical Assistance	73.09	156.44	83.34	73.37	166.65	84.05
Obstetrics	515.03	402.42	440.66	571.80	447.57	487.21
Anaesthesia	42.85	47.25	46.77	44.45	50.28	49.73
Average Of Surgical Services	**56.69**	**108.43**	**92.26**	**61.27**	**112.94**	**97.81**
Diagnostic Radiology	0.00	47.64	47.64	0.00	49.06	49.06
Laboratory Services	4.31	5.40	4.37	4.44	5.40	4.50
Other Diagnostic and Therapeutic Services	15.32	45.12	39.51	15.55	46.13	40.59
Special and Miscellaneous Services[2]	10.18	15.86	11.39	10.71	17.03	12.12
Average Of Diagnostic Services	**10.13**	**42.05**	**28.77**	**10.55**	**43.01**	**29.80**
In-Province Dental Services	–	–	**98.72**	–	–	**94.38**
In-Province Optometric Services	–	–	**47.58**	–	–	**48.53**
Refractions by Optometrists	–	–	54.24	–	–	55.32
Other Optometric Services	–	–	33.46	–	–	34.61
Out-of-Province Services						
Physician Services	46.17	58.70	54.16	47.09	54.65	52.11
Dental Services	–	–	248.06	–	–	361.30
Optometric Services	–	–	48.93	–	–	50.77
All Services	**34.21**	**64.21**	**46.66**	**37.02**	**66.15**	**49.46**

[1] The "Definitions of Service Groupings", page 10, describe inclusions in these classifications.
[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.
[3] For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	2011-12[3]	2012-13	2011-12[3]	2012-13
In-Province Physician Services	**93.11**	**92.88**	**92.04**	**92.33**
Consultations	4.25	4.24	11.03	11.11
Major Assessments	4.19	4.12	5.70	5.40
Other Assessments	34.39	33.69	27.34	26.76
Psychotherapy	3.35	3.27	3.24	3.23
Average Of Visit Services	**46.17**	**45.32**	**47.31**	**46.50**
Hospital Care	**5.20**	**5.14**	**3.24**	**3.13**
Special Calls and Emergency	**2.06**	**2.06**	**1.43**	**1.83**
Major Surgery	1.10	1.11	8.88	8.91
Minor Surgery	1.87	1.75	1.36	1.36
Surgical Assistance	1.26	1.28	2.26	2.22
Obstetrics	0.24	0.24	2.23	2.45
Anaesthesia	6.04	6.16	6.06	6.30
Average Of Surgical Services	**10.51**	**10.55**	**20.78**	**21.24**
Diagnostic Radiology	2.31	16.27	2.36	2.31
Laboratory Services	2.87	8.52	0.27	0.25
Other Diagnostic and Therapeutic Services	15.77	16.27	13.35	13.58
Special and Miscellaneous Services[2]	8.23	8.52	3.29	3.48
Average Of Diagnostic Services	**29.18**	**29.80**	**19.28**	**19.63**
In-Province Dental Services	**0.15**	**0.15**	**0.32**	**0.30**
In-Province Optometric Services	**1.22**	**1.24**	**1.24**	**1.24**
Refractions by Optometrists	0.83	0.83	0.96	0.95
Other Optometric Services	0.39	0.41	0.28	0.29
Out-of-Province Services				
Physician Services	5.48	5.69	6.36	6.09
Dental Services	0.00	0.00	0.00	0.00
Optometrist Services	0.04	0.04	0.04	0.04
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", page 10, describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.
[3] For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 11

Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**10,567.5**	**74.5**	**23.4**	**345.3**	**1,475.0**	**7,630.2**	**846.2**	**126.9**	**46.0**
US Services with Prior Approval	**782.0**	-	-	-	-	-	-	**782.0**	-
Specialists									
Paediatricians and Medical Geneticists	1,271.8	6.2	1.3	53.2	60.7	1,101.2	43.9	5.2	0.1
Internists and Physiatrists	3,503.3	16.7	13.5	128.8	285.7	2,796.9	129.7	128.4	3.6
Neurologists	287.9	1.0	1.1	8.2	34.2	221.5	14.0	7.3	0.6
Psychiatrists	969.3	7.0	15.4	54.8	47.8	747.2	96.3	0.6	0.2
Dermatologists	175.0	13.0	0.4	3.0	6.9	146.7	4.4	0.5	0.1
Anaesthetists	3,043.1	12.0	12.7	132.0	157.3	2,593.8	115.3	17.9	2.1
General and Thoracic Surgeons	3,184.3	9.0	6.4	74.0	354.4	2,637.3	83.8	16.3	3.1
Orthopaedic Surgeons	1,167.9	1.8	9.7	74.6	168.8	843.5	52.1	14.7	2.7
Plastic and Reconstructive Surgeons	482.8	1.3	2.6	15.1	20.5	421.1	21.5	0.4	0.3
Neurological Surgeons	261.9	5.8	0.6	18.3	51.3	143.5	25.5	14.8	2.1
Obstetricians and Gynaecologists	1,034.4	11.9	0.7	45.6	146.2	774.0	54.9	0.9	0.2
Urological Surgeons	345.0	1.5	0.9	16.9	43.4	267.2	13.0	1.9	0.2
Ophthalmologists	841.4	3.2	0.4	31.8	63.3	692.9	40.4	9.4	0.0
Otolaryngologists	872.3	1.6	0.7	6.4	25.0	819.6	17.6	1.0	0.4
Pathologists	3,860.7	0.6	0.2	64.9	17.6	3,677.6	94.2	5.1	0.5
Diagnostic Radiologists	2,207.0	5.8	1.2	68.1	226.8	1,867.3	34.1	3.0	0.7
All Physicians	**34,856.0**	**172.9**	**91.2**	**1,141.0**	**3,184.9**	**27,381.5**	**1,686.9**	**1,136.3**	**62.9**
Dentists	21.7	1.5	0.0	0.0	3.4	12.6	1.4	2.8	0.0
Optometrists	213.6	0.1	0.0	0.0	26.6	186.1	0.2	0.6	0.0

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.
3) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" on page 10.

Table 12

Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary										
		Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**4,963.2**	**49.8**	**19.1**	**117.7**	**83.8**	**691.6**	**1,252.2**	**2,062.1**	**641.1**	**21.7**	**13.8**	**10.4**
Specialists												
Paediatricians and Medical Geneticists	203.3	0.8	0.0	2.0	0.4	16.9	61.8	107.6	13.1	0.9	1.7	0.5
Internists and Physiatrists	610.2	1.8	1.4	8.5	6.2	70.8	235.3	264.2	96.1	2.3	3.0	0.8
Neurologists	53.0	0.0	0.0	2.0	0.8	10.1	19.0	24.6	9.3	0.5	1.3	0.4
Cardiologists	275.2	1.9	1.2	4.0	12.6	37.2	144.5	98.0	48.1	1.1	1.3	0.2
Psychiatrists	151.6	10.0	0.0	8.5	6.4	28.9	23.6	79.2	51.1	5.1	0.3	5.3
Dermatologists	19.6	0.2	0.3	0.3	0.1	1.5	9.7	4.8	1.9	0.2	0.0	0.1
Anaesthetists	616.4	4.7	1.1	12.1	11.0	79.1	210.3	550.5	89.1	2.4	3.6	0.1
General Surgeons	631.0	1.7	1.1	9.1	8.3	36.5	203.8	445.0	59.5	3.6	1.4	0.5
Cardiac Surgeons	103.0	0.0	0.0	0.0	0.2	9.3	55.5	18.7	12.2	0.0	0.0	0.0
Orthopaedic Surgeons	437.4	2.1	0.0	5.6	3.5	54.7	86.7	297.5	53.6	1.2	0.6	0.0
Plastic and Reconstructive Surgeons	103.6	1.3	0.1	2.8	1.9	18.9	37.1	26.2	25.4	0.6	0.4	0.0
Neurological Surgeons	169.4	0.1	0.0	3.7	0.6	9.2	35.2	131.8	15.0	0.0	0.0	0.1
Obstetricians and Gynaecologists	747.5	2.9	0.4	10.6	4.4	63.0	310.9	285.8	51.9	0.4	0.7	1.5
Urological Surgeons	117.0	0.4	0.1	0.8	1.6	6.8	57.2	23.6	12.2	0.0	0.0	0.1
Ophthalmologists	744.2	1.3	0.9	3.2	2.5	17.4	408.0	314.1	28.3	0.5	0.6	0.4
Otolaryngologists	228.1	0.9	0.0	3.5	1.4	11.4	59.7	137.5	9.1	0.4	0.2	0.0
Pathologists	535.1	3.6	2.1	10.8	9.5	116.4	73.7	252.5	97.9	3.5	2.2	2.5
Diagnostic Radiologists	400.9	3.7	0.9	10.6	5.9	59.7	94.9	139.8	65.1	1.8	3.4	2.1
All Physicians	**11,960.6**	**87.3**	**28.7**	**215.8**	**161.1**	**1,339.6**	**3,379.3**	**5,263.4**	**1,380.0**	**46.0**	**34.6**	**24.9**

Notes:

1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.
2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
3) See "Data Limitations" on page 10.

Table 13a

Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

		Location of Services							
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Organ Procurement Transplant	**168.5**	0.0	0.0	0.0	0.0	168.5	0.0	0.0	0.0
Bone Marrow/Stem Cell Transplant	**1,159.7**	0.0	0.0	85.8	508.8	452.2	112.9	0.0	0.0
Lung Transplant	**897.0**	0.0	0.0	0.0	179.4	717.6	0.0	0.0	0.0
Liver Transplant	**1,523.9**	0.0	0.0	113.8	0.0	1410.1	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Out-of-Country	**184.7**	0.0	0.0	0.0	0.0	0.0	0.0	184.7	0.0
Defibrillator Pacemaker Implantation	**532.7**	0.0	0.0	17.0	0.0	503.8	11.9	0.0	0.0
Heart or Heart and Lung Transplant	**333.3**	0.0	0.0	0.0	0.0	333.3	0.0	0.0	0.0
Cochlear Implant	**528.6**	0.0	0.0	0.0	0.0	7.8	0.0	247.2	273.6
Other Pacemaker Insertion or Replacement	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kidney or Kidney and Pancreas Transplant	**220.8**	0.0	22.9	30.9	30.9	101.5	34.6	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**1,199.5**	0.0	0.0	107.4	57.5	886.6	135.5	8.0	4.6
II. Neoplasms	**5,193.1**	0.0	(10.5)	599.7	229.3	3,435.9	320.8	608.3	9.5
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**1,475.4**	6.3	0.0	496.8	139.2	735.5	94.9	1.2	1.4
IV. Diseases of Blood & Blood-Forming Organs	**153.9**	2.0	0.0	11.2	19.0	121.6	0.0	0.1	0.0
V. Mental Disorders	**2,440.7**	57.9	131.7	216.2	248.1	1,444.7	334.4	1.0	6.7
VI. Diseases of Nervous System & Sense Organs	**1,308.2**	0.0	0.0	54.8	18.1	596.9	150.3	488.1	0.0
VII. Diseases of the Circulatory System	**7,116.9**	84.1	4.6	158.6	501.3	5,956.0	361.3	41.5	9.5
VIII. Diseases of the Respiratory System	**2,400.6**	28.4	18.0	158.8	185.0	1,729.9	273.0	4.9	2.5
IX. Diseases of the Digestive System	**3,452.7**	29.5	34.3	129.8	307.2	2,546.1	355.8	43.9	6.1
X. Diseases of the Genitourinary System	**1,080.6**	2.2	5.7	48.4	84.1	866.9	69.3	2.1	1.8
XI. Complications of Pregnancy Childbirth & the Puerperium	**1,557.8**	16.6	3.7	49.7	293.5	1,031.1	162.9	0.2	0.1
XII. Diseases of the Skin & Subcutaneous Tissue	**379.4**	0.0	0.0	58.6	60.7	221.4	36.7	0.9	1.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,968.3**	0.0	11.0	135.9	264.4	1,453.7	99.0	2.2	2.2
XIV. Congenital Anomalies	**5,840.0**	0.0	11.4	146.4	8.2	5,420.7	253.1	0.2	0.0
XV. Certain Conditions Originating in the Perinatal Period	**3,541.3**	5.4	0.0	3.7	302.9	3,056.9	172.3	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions	**2,668.9**	16.6	0.0	22.0	108.6	2,413.2	96.1	5.5	7.0
XVII. Injury and Poisoning	**6,183.6**	12.8	72.2	558.3	472.7	4,680.3	346.5	35.2	5.6
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**2,980.6**	16.0	14.2	119.4	226.1	2,260.8	344.1	0.0	0.0
Outpatient Treatment									
Standard Outpatient Visit	**14,247.9**	380.3	98.7	574.8	1,642.9	10,238.4	1,243.5	51.7	17.7
Day Care Surgery	**3,030.7**	21.3	12.5	92.1	614.8	2,164.1	123.9	0.8	1.1
Haemodialysis	**1,251.1**	2.3	0.0	19.3	164.9	1,030.4	30.8	2.6	0.9
Computerized Axial Tomography (CAT Scan)	**1,943.8**	16.6	14.0	55.1	454.7	1,208.6	194.9	0.0	0.0
Magnetic Resonance Imaging (MRI)	**980.0**	1.9	3.9	35.1	122.3	797.1	19.7	0.0	0.0
Positron Emission Tomography (PET Scan)	**479.6**	0.0	0.0	1.2	151.3	315.8	11.3	0.0	0.0
Radiotherapy Services	**379.6**	0.0	0.0	53.8	80.6	206.7	38.6	0.0	0.0
Cancer Chemotherapy Visit	**979.5**	6.1	0.0	81.0	133.3	714.0	45.2	0.0	0.0
Gamma Knife Procedure	**765.0**	0.0	0.0	0.0	765.0	0.0	0.0	0.0	0.0
Brachytherapy	**783.7**	0.0	0.0	0.0	20.0	276.2	487.5	0.0	0.0
Out-of-Country	**1,432.6**	0.0	0.0	0.0	0.0	0.0	0.0	1,414.9	17.7
Other Outpatient Treatment	**1,954.1**	56.5	8.8	53.8	386.5	1,138.3	306.2	4.0	0.0
Total	**84,718.2**	**762.8**	**457.3**	**4,289.2**	**8,781.4**	**60,642.6**	**6,266.7**	**3,149.2**	**369.0**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.
6) Out-of-Country was previously refered to as Special Out-Of-Country.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Organ Procurement Transplant	**2**	0	0	0	0	2	0	0	0
Bone Marrow/Stem Cell Transplant	**7**	0	0	1	1	4	1	0	0
Lung Transplant	**5**	0	0	0	1	4	0	0	0
Liver Transplant	**13**	0	0	1	0	12	0	0	0
Cardiac Surgery with or without Valve Replacement	**0**	0	0	0	0	0	0	0	0
Out-of-Country	**4**	0	0	0	0	0	0	4	0
Defibrillator Pacemaker Implantation	**30**	0	0	1	0	28	1	0	0
Heart or Heart and Lung Transplant	**3**	0	0	0	0	3	0	0	0
Cochlear Implant	**7**	0	0	0	0	1	0	0	6
Other Pacemaker Insertion or Replacement	**0**	0	0	0	0	0	0	0	0
Kidney or Kidney and Pancreas Transplant	**6**	0	0	1	1	3	1	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**117**	0	0	5	8	60	14	13	17
II. Neoplasms	**371**	0	1	35	30	263	25	6	11
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**141**	1	0	9	10	95	13	7	6
IV. Diseases of Blood & Blood-Forming Organs	**29**	1	0	2	4	21	0	1	0
V. Mental Disorders	**209**	4	5	22	26	108	39	3	2
VI. Diseases of Nervous System & Sense Organs	**157**	0	0	9	9	106	19	14	0
VII. Diseases of the Circulatory System	**617**	9	3	23	43	413	49	57	20
VIII. Diseases of the Respiratory System	**356**	5	1	13	34	237	44	13	9
IX. Diseases of the Digestive System	**538**	8	5	43	62	321	40	38	21
X. Diseases of the Genitourinary System	**237**	1	3	6	21	170	19	9	8
XI. Complications of Pregnancy Childbirth & the Puerperium	**537**	5	1	17	90	379	43	1	1
XII. Diseases of the Skin & Subcutaneous Tissue	**57**	0	0	6	6	32	4	5	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**392**	0	4	11	59	295	10	4	9
XIV. Congenital Anomalies	**272**	0	4	10	4	220	33	1	0
XV. Certain Conditions Originating in the Perinatal Period	**158**	2	0	3	30	113	10	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions	**335**	7	0	13	25	212	28	30	20
XVII. Injury and Poisoning	**584**	6	8	30	34	402	56	26	22
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**637**	6	3	14	73	499	42	0	0
Outpatient Treatment									
Standard Outpatient Visit	**54,674**	1,356	378	2,155	6,211	38,440	4,693	1,047	394
Day Care Surgery	**2,703**	19	11	81	543	1,917	113	8	11
Haemodialysis	**2,799**	5	0	44	363	2,251	68	51	17
Computerized Axial Tomography (CAT Scan)	**2,942**	26	22	82	692	1,824	296	0	0
Magnetic Resonance Imaging (MRI)	**1,499**	3	6	53	188	1,219	30	0	0
Positron Emission Tomography (PET Scan)	**385**	0	0	1	121	255	8	0	0
Radiotherapy Services	**1,140**	0	0	160	241	620	119	0	0
Cancer Chemotherapy Visit	**792**	5	0	64	108	579	36	0	0
Gamma Knife Procedure	**45**	0	0	0	45	0	0	0	0
Brachytherapy	**83**	0	0	0	4	40	39	0	0
Out-of-Country	**405**	0	0	0	0	0	0	401	4
Other Outpatient Treatment	**8,672**	429	66	39	2762	3552	1,819	5	0
Total	**81,960**	**1,898.0**	**521.0**	**2,954.0**	**11,849.0**	**54,700.0**	**7,712.0**	**1,744.0**	**582.0**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
5) Out-of-Country was previously refered to as Special Out-Of-Country.

Table 14a

Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	**0**	0.0	0.0	0.0	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**787.5**	4.9	0.0	301.6	192.5	103.0	185.5
II. Neoplasms	**837.7**	0.0	87.2	73.0	264.5	303.5	109.3
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**481.0**	18.0	3.7	42.2	339.5	59.3	18.3
IV. Diseases of Blood and Blood-Forming Organs	**68.6**	6.7	2.0	0.0	15.4	40.1	4.5
V. Mental Disorders	**2,552.3**	173.4	6.7	214.9	321.0	1,452.3	384.1
VI. Diseases of the Nervous System & Sense Organs	**246.6**	27.7	0.0	23.6	81.8	93.5	20.1
VII. Diseases of the Circulatory System	**2,965.3**	160.6	35.1	262.9	944.5	995.0	567.3
VIII. Diseases of the Respiratory System	**1,672.4**	39.7	113.4	122.5	549.0	371.4	476.4
IX. Diseases of the Digestive System	**1,667.3**	111.1	16.7	137.2	513.8	684.2	204.3
X. Diseases of the Genitourinary System	**671.9**	11.6	5.7	27.8	366.3	185.5	75.0
XI. Complications of Pregnancy, Childbirth & the Puerperium	**1,136.2**	46.0	0.0	95.2	621.7	298.4	74.8
XII. Diseases of the Skin and Subcutaneous Tissue	**211.2**	0.0	3.8	11.0	84.3	88.9	23.3
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**585.7**	0.0	0.0	40.0	190.6	328.2	26.9
XIV. Congenital Anomalies	**25.9**	0.0	0.0	9.2	16.3	0.4	0.0
XV. Certain Conditions Originating in the Perinatal Period	**791.8**	10.9	0.0	4.1	253.4	522.3	1.1
XVI. Symptoms, Signs, and Ill-defined Conditions	**975.2**	155.9	35.5	128.9	364.0	191.9	99.1
XVII. Injury and Poisoning	**2,861.5**	130.2	24.0	662.0	813.0	776.7	455.6
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**1,317.8**	16.0	0.0	81.9	611.2	370.0	238.7
Outpatient Treatment							
Standard Outpatient Visit	**9,321.4**	641.4	112.4	1,245.8	2,695.8	3,388.9	1,237.2
Day Care Surgery	**1,779.0**	55.1	12.5	86.3	889.8	649.2	86.2
Haemodialysis	**319.8**	7.8	4.1	87.6	28.3	128.9	63.2
Computerized Axial Tomography (CAT Scan)	**561.9**	46.9	8.0	87.4	153.8	162.9	102.9
Magnetic Resonance Imaging (MRI)	**227.1**	8.5	2.7	23.8	58.8	106.1	27.1
Radiotherapy Services	**115.4**	0.0	0.0	0.0	43.9	50.4	21.1
Cancer Chemotherapy Visit	**231.3**	0.0	0.0	0.5	65.2	112.7	53.0
Defibrillator-Pacemaker Replacement	**7.0**	0.0	0.0	3.5	0.0	3.5	0.0
Other Outpatient Treatment	**437.0**	25.2	3.7	58.7	92.4	193.3	63.6
Total	**32,855.9**	**1,697.3**	**477.1**	**3,831.5**	**10,571.0**	**11,660.3**	**4,618.8**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	**0**	0	0	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**63**	2	0	4	18	24	15
II. Neoplasms	**95**	0	4	4	43	31	13
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**65**	4	1	7	38	13	2
IV. Diseases of Blood and Blood-Forming Organs	**16**	2	1	0	8	3	2
V. Mental Disorders	**215**	16	1	26	31	115	26
VI. Diseases of the Nervous System & Sense Organs	**55**	2	0	5	17	26	5
VII. Diseases of the Circulatory System	**341**	22	7	43	117	98	54
VIII. Diseases of the Respiratory System	**225**	11	5	21	83	78	27
IX. Diseases of the Digestive System	**357**	29	4	37	115	131	41
X. Diseases of the Genitourinary System	**173**	5	4	10	81	52	21
XI. Complications of Pregnancy, Childbirth & the Puerperium	**399**	20	0	40	203	108	28
XII. Diseases of the Skin and Subcutaneous Tissue	**39**	0	2	3	11	18	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**106**	0	0	7	28	65	6
XIV. Congenital Anomalies	**12**	0	0	2	9	1	0
XV. Certain Conditions Originating in the Perinatal Period	**68**	3	0	2	46	16	1
XVI. Symptoms, Signs, and Ill-defined Conditions	**247**	20	4	32	85	78	28
XVII. Injury and Poisoning	**390**	21	5	64	109	146	45
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**292**	7	0	12	192	62	19
Outpatient Treatment							
Standard Outpatient Visit	**34,911**	2,435	420	4,653	10,063	12,727	4,613
Day Care Surgery	**1,578**	52	11	77	784	576	78
Haemodialysis	**701**	17	9	192	62	284	137
Computerized Axial Tomography (CAT Scan)	**841**	71	12	130	230	244	154
Magnetic Resonance Imaging (MRI)	**344**	13	4	36	89	161	41
Radiotherapy Services	**346**	0	0	0	131	152	63
Cancer Chemotherapy Visit	**196**	0	0	2	52	90	52
Defibrillator-Pacemaker Replacement	**2**	0	0	1	0	1	0
Other Outpatient Treatment	**3,171**	172	24	426	659	1,428	462
Total	**45,248**	**2,924**	**518**	**5,836**	**13,304**	**16,728**	**5,938**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15

Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

Type of Service[1] (000's)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	24.9	29.1	104.7	20.2	26.5	8.7	12.6	57.8	2.9
Special Eye Examination	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments	417.9	10.3	5.8	0.8	1.3	3.9	3.0	2.4	0.0
Other Assessments	3,482.3	30.5	81.7	12.4	13.5	13.3	11.0	47.0	1.0
Hospital Care Days	332.5	32.3	162.7	10.2	24.7	10.9	0.0	19.4	0.3
Special Calls and Emergency									
Surcharges	143.2	3.9	17.3	2.9	3.6	2.2	0.3	9.9	0.8
Premiums	3.4	0.3	2.2	0.1	0.3	0.2	0.0	0.0	0.0
Psychotherapy									
Base Time[2]	162.1	0.3	0.2	0.0	0.0	67.6	0.0	0.0	0.0
Additional Time	88.4	0.2	0.1	0.0	0.0	60.5	0.0	0.0	0.0
Major Surgery	4.6	0.0	0.4	0.5	0.2	0.0	0.0	16.5	6.8
Minor Surgery	147.8	0.1	0.3	0.0	0.2	0.0	9.4	6.6	0.5
Surgical Assistance	133.6	0.0	0.0	0.0	0.0	0.0	0.0	5.4	0.8
Obstetrics	9.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative	64.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals	3.9	0.0	0.4	0.2	0.0	0.0	0.0	0.0	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/Laboratory Services	302.4	0.1	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound	1.9	2.2	7.4	0.0	46.8	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services	344.8	139.4	331.1	12.2	145.4	24.0	12.3	57.3	0.5
Special Services	127.2	0.5	0.2	0.0	0.0	0.0	0.9	9.9	0.0
Miscellaneous Services[3]	651.3	13.8	35.2	5.8	6.8	16.4	1.6	24.8	1.6
Total Services	**6,446.1**	**263.1**	**749.7**	**65.4**	**269.3**	**207.7**	**51.3**	**257.1**	**15.2**

[1] The "Definitions of Service Groupings", page 10, describe inclusions in these classifications.
[2] Represents the number of instances these types of services were provided during the year.
[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation, and the fee code for SSCN prioritization form completion.

Note:

1) See "Data Limitations" on page 10.

Table 15 (Continued)

Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

Type of Service[1] (000's)	Type of Physician									
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	**Total Services**
Visits										
Consultations	42.0	15.0	7.3	44.6	12.2	47.9	26.4	15.6	0.6	**499.2**
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	**0.4**
Major Assessments	0.4	0.1	0.0	8.8	3.0	21.5	4.6	0.0	0.0	**484.0**
Other Assessments	55.6	13.1	4.9	84.4	6.5	83.4	18.9	4.4	0.0	**3,963.9**
Hospital Care Days	3.6	0.0	2.7	4.0	0.9	0.2	0.5	0.0	0.0	**605.0**
Special Calls and Emergency										
Surcharges	6.7	1.5	1.3	8.2	1.2	1.3	1.0	17.8	0.4	**223.6**
Premiums	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.3	0.0	**18.9**
Psychotherapy										
Base Time[2]	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	**233.2**
Additional Time	0.0	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	**151.0**
Major Surgery	29.0	8.0	6.5	8.0	5.3	36.9	8.3	0.0	0.1	**131.1**
Minor Surgery	1.8	8.5	0.2	1.4	1.4	21.6	6.2	0.0	0.1	**206.1**
Surgical Assistance	1.8	1.6	0.5	4.4	1.6	0.0	1.3	0.0	0.0	**150.9**
Obstetrics	0.0	0.0	0.0	19.6	0.0	0.0	0.0	0.0	0.0	**28.7**
Anaesthesia										
Operative	0.0	0.0	0.0	0.0	0.0	0.0	0.0	624.0	0.0	**688.7**
Nerve Blocks and Epidurals	0.4	0.0	0.1	0.2	0.1	0.0	0.0	30.0	1.0	**36.2**
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	269.5	**269.5**
Pathology/Laboratory Services	0.0	0.0	0.0	18.5	0.0	0.0	0.0	0.0	0.0	**321.2**
Diagnostic Ultrasound	0.0	0.0	0.0	14.9	0.0	11.1	0.0	0.3	147.0	**231.6**
Other Diagnostic and Therapeutic Services	20.6	1.9	1.3	25.3	8.7	438.2	70.9	7.2	40.9	**1,682.1**
Special Services	0.0	0.3	0.0	16.7	0.0	0.0	0.0	0.0	0.0	**155.7**
Miscellaneous Services[3]	21.2	1.9	2.6	27.3	5.8	14.5	15.0	0.5	0.5	**846.4**
Total Services	**183.1**	**52.0**	**27.6**	**290.9**	**46.7**	**676.9**	**153.3**	**712.2**	**460.0**	**10,927.6**

Table 16

Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2011-12 to 2012-13
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	439,351	162.61	10,720.43	402.72	0.55
Allergy Investigations and Hyposensitization Injections	217,390	6.79	449.98	199.27	-11.00
Artificial Extra Corporeal Haemodialysis	93,716	1.00	4,311.90	85.90	6.47
Submission of Papanicolau Smear	93,233	157.81 [f]	2,779.63 [f]	170.83 [f]	-12.80
Optical Coherence Tomography	47,164	30.72	1,912.78	43.23	9.16
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	29,888	22.17	1,507.20	27.40	-1.47
Plantar Wart Excision or Fulguration	28,343	11.61	478.58	25.98	-7.04
Pulmonary Function Studies	27,188	15.72	1,113.69	24.92	-2.86
Colonoscopy	26,201	23.24	4,679.89	24.02	4.42
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee	21,647	12.81	378.84	19.84	3.25
Psychological Testing	20,918	6.59	785.13	19.17	30.76
Upper GI Endoscopy	18,351	14.70	2,310.92	16.82	4.40
Delivery - Vaginal	10,155	18.38 [f]	16,530.94 [f]	18.61 [f]	2.12
- Caesarean	3,198	5.85 [f]	5,070.59 [f]	5.86 [f]	10.24
Cataract Extraction	12,512	7.53	5,253.67	11.47	6.77
Suturing of Wounds	11,718	10.06	847.97	10.74	-5.54
Cystoscopy	9,062	6.82	842.93	8.31	-1.64
Fractures, Open Surgical or Closed Reduction	5,907	4.56	2,692.12	5.41	-1.06
Coronary Angiography	5,682	4.48	980.72	5.21	-2.87
Cardiac Catheterization	5,563	4.17	717.37	5.10	1.14
Arthroscopy	5,217	4.48	638.20	4.78	1.46
Angioplasty	4,757	2.12	1,918.06	4.36	1.01
Arthroplasty - Hip or Total Hip Replacement	1,813	1.58	1,438.42	1.66	12.60
- Knee or Total Knee Replacement	2,539	2.13	1,879.57	2.33	19.75
Sigmoidoscopy	3,958	3.19	225.81	3.63	4.56
Electroencephalograms or Echoencephalograms	3,505	2.73	84.56	3.21	3.54
Hernia Repair	3,348	2.79	1,342.20	3.07	-15.60
Gall Bladder or Other Biliary Tract Surgery	2,521	2.30	1,521.14	2.31	1.18
Vasectomy	1,923	3.52 [m]	932.53 [m]	3.53 [m]	10.43
Therapeutic Abortion	1,824	3.26 [f]	574.91 [f]	3.34 [f]	0.67
Electroconvulsive Therapy	1,554	0.18	105.21	1.42	14.90
Tubal Ligation	1,546	2.80 [f]	643.66 [f]	2.83 [f]	-0.20
Tonsillectomy (With or Without Adenoidectomy)	1,347	1.23	370.00	1.23	-16.90
Dilatation and Curettage	1,221	2.16 [f]	410.46 [f]	2.24 [f]	-5.01
Appendectomy	1,055	0.97	539.46	0.97	2.99
Septoplasty or Submucous Resection	921	0.83	297.28	0.84	-24.50
Varicose Veins (Ligation)	915	0.38	142.64	0.84	-10.20
Hysterectomy - Abdominal or Vaginal	892	1.63 [f]	828.31 [f]	1.63 [f]	-95.40
Genital Prolapse Repair	824	1.14 [f]	394.67 [f]	1.51 [f]	-18.60
Prostatectomy (With or Without Vasectomy)	742	1.34 [m]	1,345.08 [m]	1.36 [m]	-14.60
Coronary By-Pass	595	0.55	1,595.34	0.55	-6.89
Salpingectomy, Oophorectory &/or Ovarian Cystectomy	559	1.01	439.75	1.02	-10.10
Strabismus Operation	212	0.16	76.36	0.19	21.08
Peptic Ulcer Surgery	120	0.11	94.04	0.11	-16.00

[f] Rate per 1,000 female beneficiaries.
[m] Rate per 1,000 male beneficiaries.

Notes:

1) Includes out-of-province services and costs.
2) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Table 17

Selected In-Province Medical Conditions – Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis	V70	370	172.5	14,738	339
Diseases Affecting Genitourinary Tract	580 - 599, 788	361	78	15,312	331
Diabetes Mellitus	250	303	54.5	9,214	278
Hypertension	401 - 405	302	118.4	9,482	277
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	295	169.7	10,226	271
Psychoses	295 - 299	232	18.3	9,237	212
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	215	80.9	10,737	197
Ischaemic Heart Disease	410 - 414	179	29	12,022	164
Glaucoma	365	167	20.6	4,531	153
Arthritis	710 - 716	161	51	8,090	147
Rheumatic Disease	725 - 729	147	70.3	6,390	135
Cataract	366	140	17.2	8,333	128
Neuroses	300	127	48.9	4,695	117
Cardiac Disrhythmias	427	122	23.2	5,373	112
Vertebrogenic Pain Syndrome	724	121	48.9	7,013	111
Otitis Media	381 - 382	119	49.3	4,564	109
Symptomatic Heart Disease	428 - 429	100	19	4,485	92
Eczema	690 - 692	95	47.4	2,787	87
Asthma	493	95	32.5	2,460	87
Bronchitis	466, 490 - 491	89	54.9	3,172	82
Pneumonia	480 - 486	67	15.4	2,672	61
Diarrheal Disease	009	63	31.4	2,702	58
Disorders of Menstruation	Z08[2] & 626	62	43.7 [f]	5,131 [f]	113 [f]
Chronic Airways Obstruction	496	60	12.2	2,290	55
Hay Fever	477	59	7	500	54
Cellulitis and Abscess	681 - 682	59	24.5	2,251	54
Myxedema	244	56	28.9	1,622	52
Cerebrovascular Disease	430 - 438	55	7	2,580	51
Anaemias	280 - 285	49	16.5	2,140	45
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 - 616	39	32.4 [f]	2,567 [f]	71 [f]
Migraine	346	23	11.2	857	21
Gastritis and Duodenitis	535	21	12.5	768	19
Varicose Veins of Lower Extremity	454	20	4.5 [f]	719 [f]	18 [f]
Hyperkinetic Syndrome of Childhood (ADHD)	314	20	4.6	945	18
Menopausal Symptoms	627	19	18.3	1,237	35
Disorders of Functions of Stomach	536 - 537	16	9.7	612	15
Alzheimer's Disease and Other Cerebral Degenerations	331	15	1.9	549	14
Influenza	487	13	10	415	12
Multiple Sclerosis	340	12	2.1	484	11
Epilepsy	345	11	3.7	459	10
Alcoholic Psychosis and Alcoholism	291 & 303	11	2.9	442	10
Obesity	278	9	4.6	493	8
Ulcers of Duodenum and Stomach	531 - 534	6	3.3	324	6

[1] Ninth Revision International Classification of Diseases, 1977.
[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.
[f] Rate per 1,000 female beneficiaries.

Notes:

1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.
2) Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and pediatric premiums which are no longer counted as individual services.
3) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Table 18

Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2007-08[1]	401		159		227	
		16.5		11.9		15.4
Still Practising in 2008-09[2]	335		140		192	
Practising in 2008-09[1]	378		159		243	
		13.5		10.1		20.6
Still Practising in 2009-10[2]	327		143		193	
Practising in 2009-10[1]	364		160		230	
		9.3		9.4		13.9
Still Practising in 2010-11[2]	330		145		198	
Practising in 2010-11[1]	377		163		221	
		8.5		7.4		18.1
Still Practising in 2011-12[2]	345		151		181	
Practising in 2011-12[1]	395		164		217	
		6.3		3.0		18.0
Still Practising in 2012-13[2]	370		159		178	
Practising in 2012-13[1]	422		173		237	

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2007-08[1]	787		566		1,353	
		15.2		7.6		12.0
Still Practising in 2008-09[2]	667		523		1,190	
Practising in 2008-09[1]	780		580		1,360	
		15.0		5.9		11.1
Still Practising in 2009-10[2]	663		546		1,209	
Practising in 2009-10[1]	754		600		1,354	
		10.7		7.7		9.4
Still Practising in 2010-11[2]	673		554		1,227	
Practising in 2010-11[1]	761		625		1,386	
		11.0		8.0		9.7
Still Practising in 2011-12[2]	677		575		1,252	
Practising in 2011-12[1]	776		651		1,427	
		8.9		5.8		7.5
Still Practising in 2012-13[2]	707		613		1,320	
Practising in 2012-13[1]	832		703		1,535	

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes:

1) The net number of physicians who entered practice in 2012-13 was 215, the difference between "Practising" (1,535) and "Still Practising" (1,320).
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
3) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2011-12	2012-13	2011-12	2012-13	2011-12	2012-13	2011-12	2012-13	2011-12	2012-13
General Practitioner[4]	**792**	**812**	**1.4**	**1.3**	**2.4**	**2.3**	**5.5**	**5.3**	**78.7**	**79.0**
Specialists[4]										
Paediatricians and Medical Geneticists	44	48	24.6	22.7	1.0	1.0	2.1	2.0	3.5	3.5
Internists and Physiatrists	124	133	8.7	8.2	1.6	1.6	3.6	3.5	12.3	12.5
Neurologists	16	17	67.8	64.2	1.7	1.6	2.8	2.6	2.3	2.3
Cardiologists	24	24	45.2	45.5	4.0	4.1	3.6	3.6	5.7	5.7
Psychiatrists	47	47	23.1	23.2	0.4	0.4	1.8	1.9	1.5	1.6
Dermatologists	4	4	271.0	272.7	4.3	4.2	7.7	7.6	1.6	1.6
Anaesthetists	99	107	11.0	10.2	0.8	0.9	0.9	1.0	5.9	6.2
General Surgeons	69	72	15.7	15.2	1.1	1.1	2.1	2.1	6.1	5.9
Cardiac Surgeons	6	6	180.7	181.8	0.7	0.7	1.1	1.0	0.3	0.3
Orthopaedic Surgeons	39	40	27.8	27.3	1.4	1.3	2.7	2.7	4.4	4.3
Plastic and Reconstructive Surgeons	13	12	83.4	90.9	1.3	1.4	2.6	2.9	1.5	1.5
Neurological Surgeons	12	11	90.3	99.2	0.8	0.8	1.4	1.5	0.8	0.7
Obstetricians and Gynaecologists	53	56	20.5	19.5	1.3	1.3	2.9	2.8	4.6	4.6
Urological Surgeons	13	13	83.4	83.9	1.4	1.5	2.1	2.3	1.5	1.6
Ophthalmologists	25	25	43.4	43.6	3.3	3.3	7.2	7.5	7.0	7.2
Otolaryngologists	15	14	72.3	77.9	2.3	2.4	4.1	4.0	3.1	3.0
Pathologists and Diagnostic Radiologists	61	72	17.8	15.2	4.5	3.9	0.3	0.2	18.7	18.6
All Specialists[4]	**664**	**701**	**1.6**	**1.6**	**1.7**	**1.7**	**2.5**	**2.4**	**42.5**	**42.9**
All Physicians[4]	**1,456**	**1,513**	**0.7**	**0.7**	**2.1**	**2.0**	**4.1**	**4.0**	**81.1**	**81.6**
Licensed Physicians[5]	1,985	2,044	0.5	0.5	–	–	–	–	–	–

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20

Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]							
		Less Than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practitioners									
Metro Association	333	14	40	54	45	33	32	23	92
Metro Solo	80	21	24	13	9	7	4	0	2
Urban Association	140	1	15	26	24	16	15	7	36
Urban Solo	42	6	7	3	8	5	7	2	4
Rural Association	177	3	14	45	43	31	24	7	10
Rural Solo	40	3	5	11	6	9	4	1	1
All General Practitioners 2012-13	**812**	**48**	**105**	**152**	**135**	**101**	**86**	**40**	**145**
All General Practitioners 2011-12	792	37	89	157	125	115	74	48	147
Specialists									
Paediatricians and Medical Geneticists	48	12	24	4	5	0	1	0	2
Internists and Physiatrists	133	13	43	27	11	16	6	5	12
Neurologists	17	1	4	4	3	5	2	0	1
Cardiologists	24	0	0	1	2	3	2	2	14
Psychiatrists	47	35	10	1	1	0	0	0	0
Dermatologists	4	0	0	0	0	0	2	0	2
Anaesthetists	107	19	59	24	2	2	0	1	0
General Surgeons	72	16	18	22	13	3	0	0	0
Cardiac Surgeons	6	1	4	1	0	0	0	0	0
Orthopaedic Surgeons	40	1	13	13	8	3	0	1	1
Plastic and Reconstructive Surgeons	12	1	2	6	0	2	0	0	1
Neurological Surgeons	11	0	10	1	0	0	0	0	0
Obstetricians and Gynaecologists	56	7	16	14	11	5	3	0	0
Urological Surgeons	13	0	2	5	5	0	1	0	0
Ophthalmologists	25	1	0	1	4	3	1	2	13
Otolaryngologists	14	2	2	1	2	0	2	2	3
Pathologists and Diagnostic Radiologists	72	2	11	9	9	4	4	6	27
All Specialists 2012-13	**701**	**111**	**218**	**134**	**76**	**43**	**24**	**19**	**76**
All Specialists 2011-12	664	103	198	132	67	41	29	22	72
All Physicians 2012-13	**1,513**	**159**	**323**	**286**	**211**	**147**	**105**	**59**	**221**
All Physicians 2011-12	1,456	140	287	289	192	156	103	70	219

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21

Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	333	50	79	66	69	28	16	25
Metro Solo	80	42	6	12	8	7	4	1
Urban Association	140	18	32	27	35	11	8	9
Urban Solo	42	15	2	6	6	6	3	4
Rural Association	177	28	72	26	22	19	5	5
Rural Solo	40	4	10	10	8	1	4	3
All General Practitioners 2012-13	**812**	**157**	**201**	**147**	**148**	**72**	**40**	**47**
All General Practitioners 2011-12	792	144	180	150	162	68	36	52
Specialists								
Paediatricians and Medical Geneticists	48	37	6	3	1	0	1	0
Internists and Physiatrists	133	50	42	24	8	2	2	5
Neurologists	17	7	7	3	0	0	0	0
Cardiologists	24	3	16	3	0	2	0	0
Psychiatrists	47	35	7	4	0	0	0	1
Dermatologists	4	0	0	1	2	0	1	0
Anaesthetists	107	102	3	2	0	0	0	0
General Surgeons	72	33	36	3	0	0	0	0
Cardiac Surgeons	6	6	0	0	0	0	0	0
Orthopaedic Surgeons	40	12	24	2	1	1	0	0
Plastic and Reconstructive Surgeons	12	4	5	2	0	1	0	0
Neurological Surgeons	11	10	1	0	0	0	0	0
Obstetricians and Gynaecologists	56	21	20	12	3	0	0	0
Urological Surgeons	13	4	8	1	0	0	0	0
Ophthalmologists	25	1	4	5	4	5	3	3
Otolaryngologists	14	4	4	2	3	1	0	0
Pathologists and Diagnostic Radiologists	72	72	0	0	0	0	0	0
All Specialists 2012-13	**701**	**401**	**183**	**67**	**22**	**12**	**7**	**9**
All Specialists 2011-12	664	372	178	64	26	8	6	10
All Physicians 2012-13	**1,513**	**558**	**384**	**214**	**170**	**84**	**47**	**56**
All Physicians 2011-12	1,456	516	358	214	188	76	42	62

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22

Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	333	149	17	7	23	9	57	71	0
Metro Solo	80	20	2	3	9	3	25	18	0
Urban Association	140	33	3	0	9	5	17	73	0
Urban Solo	42	5	0	1	3	0	13	20	0
Rural Association	177	42	5	3	13	2	12	99	1
Rural Solo	40	12	2	2	7	0	1	16	0
All General Practitioners 2012-13	**812**	**261**	**29**	**16**	**64**	**19**	**125**	**297**	**1**
All General Practitioners 2011-12	792	248	25	15	59	19	124	301	1
Specialists									
Paediatricians and Medical Geneticists	48	13	16	2	1	1	10	5	0
Internists and Physiatrists	133	46	26	4	8	8	21	20	0
Neurologists	17	4	5	0	1	0	3	4	0
Cardiologists	24	12	2	1	0	1	4	4	0
Psychiatrists	47	19	5	2	1	2	13	5	0
Dermatologists	4	3	0	0	0	0	0	1	0
Anaesthetists	107	49	20	1	2	2	10	23	0
General Surgeons	72	25	20	0	2	1	11	13	0
Cardiac Surgeons	6	1	4	0	0	1	0	0	0
Orthopaedic Surgeons	40	22	5	0	3	0	2	8	0
Plastic and Reconstructive Surgeons	12	6	2	2	0	0	0	2	0
Neurological Surgeons	11	2	1	0	0	0	4	4	0
Obstetricians and Gynaecologists	56	22	9	2	1	1	6	15	0
Urological Surgeons	13	6	3	0	0	0	0	3	1
Ophthalmologists	25	13	0	1	5	0	3	3	0
Otolaryngologists	14	7	0	0	2	0	0	5	0
Pathologists and Diagnostic Radiologists	72	36	20	0	3	1	6	5	1
All Specialists 2012-13	**701**	**286**	**138**	**15**	**29**	**18**	**93**	**120**	**2**
All Specialists 2011-12	664	280	125	14	27	14	89	113	2
All Physicians 2012-13	**1,513**	**547**	**167**	**31**	**93**	**37**	**218**	**417**	**3**
Per Cent Distribution 2012-13	100%	36%	11%	2%	6%	2%	14%	28%	0%
All Physicians 2011-12	**1,456**	**528**	**150**	**29**	**86**	**33**	**213**	**414**	**3**
Per Cent Distribution 2011-12	100%	36%	10%	2%	6%	2%	15%	28%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23

Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	333	42	74	98	78	41
Metro Solo	80	1	13	25	21	20
Urban Association	140	36	41	35	19	9
Urban Solo	42	3	8	12	7	12
Rural Association	177	49	50	42	19	17
Rural Solo	40	5	5	15	5	10
All General Practitioners 2012-13	**812**	**136**	**191**	**227**	**149**	**109**
All General Practitioners 2011-12	792	135	185	214	147	111
Specialists						
Paediatricians and Medical Geneticists	48	4	15	12	10	7
Internists and Physiatrists	133	10	41	33	28	21
Neurologists	17	1	6	5	3	2
Cardiologists	24	0	9	10	2	3
Psychiatrists	47	2	17	14	7	7
Dermatologists	4	0	0	2	0	2
Anaesthetists	107	7	37	34	24	5
General Surgeons	72	7	21	24	12	8
Cardiac Surgeons	6	0	2	2	2	0
Orthopaedic Surgeons	40	6	12	9	10	3
Plastic and Reconstructive Surgeons	12	1	5	2	3	1
Neurological Surgeons	11	0	6	0	3	2
Obstetricians and Gynaecologists	56	5	20	16	10	5
Urological Surgeons	13	1	4	3	5	0
Ophthalmologists	25	0	11	4	6	4
Otolaryngologists	14	1	1	5	5	2
Pathologists and Diagnostic Radiologists	72	8	31	14	16	3
All Specialists 2012-13	**701**	**53**	**238**	**189**	**146**	**75**
All Specialists 2011-12	664	46	217	191	132	78
All Physicians 2012-13	**1,513**	**189**	**429**	**416**	**295**	**184**
Per Cent Distribution 2012-13	100%	12%	28%	27%	19%	12%
All Physicians 2011-12	**1,456**	**181**	**402**	**405**	**279**	**189**
Per Cent Distribution 2011-12	100%	12%	28%	28%	19%	13%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College o Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	346.8	1,513	280.2	812	423.9	701
Highest Paid	2,470.5		1,175.0		2,470.5	
Less than $ 60,000	25.3	258	24.7	175	26.6	83
$ 60,000 - $ 74,999	67.8	50	67.3	30	68.5	20
$ 75,000 - $ 99,999	86.7	95	87.4	62	85.5	33
$100,000 - $124,999	111.7	96	112.3	64	110.4	32
$125,000 - $149,999	139.1	97	139.8	56	138.0	41
$150,000 - $174,999	162.8	92	163.5	52	161.8	40
$175,000 - $199,999	188.0	83	187.7	55	188.5	28
$200,000 - $249,999	224.9	138	225.5	86	224.0	52
$250,000 - $299,999	273.0	133	272.8	86	273.3	47
$300,000 - $349,999	325.0	143	325.2	87	324.6	56
Over $350,000	588.7	585	493.6	233	651.6	352
Total	**300.1**	**1,770**	**235.0**	**986**	**381.9**	**784**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	271.7	413	301.6	182	278.2	217
Highest Paid	970.6		1,175.0		1,078.1	
Less than $ 60,000	24.5	94	22.9	26	26.0	55
$ 60,000 - $ 74,999	67.5	18	66.2	7	68.1	5
$ 75,000 - $ 99,999	87.5	35	90.9	10	85.2	17
$100,000 - $124,999	112.6	27	114.1	12	111.1	25
$125,000 - $149,999	139.0	27	138.8	10	141.5	19
$150,000 - $174,999	165.2	22	160.9	10	162.9	20
$175,000 - $199,999	187.6	26	185.3	17	191.6	12
$200,000 - $249,999	222.2	46	232.9	21	225.2	19
$250,000 - $299,999	272.3	45	272.7	21	274.1	20
$300,000 - $349,999	326.1	57	324.2	17	322.3	13
Over $350,000	468.8	110	524.2	57	508.5	66
Total	**225.9**	**507**	**266.8**	**208**	**227.9**	**271**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program. For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	207.8	48	362.8	133	810.9	24
Highest Paid	882.1		1,133.3		1,700.8	
Less than $ 60,000	25.2	19	27.7	20	0.0	0
$ 60,000 - $ 74,999	71.7	5	69.6	4	0.0	0
$ 75,000 - $ 99,999	84.5	5	94.0	5	0.0	0
$100,000 - $124,999	111.6	7	112.8	7	0.0	0
$125,000 - $149,999	136.8	7	139.1	12	0.0	0
$150,000 - $174,999	157.3	4	160.8	14	172.6	1
$175,000 - $199,999	189.8	6	187.6	6	0.0	0
$200,000 - $249,999	215.6	4	220.4	9	0.0	0
$250,000 - $299,999	250.2	1	274.7	14	0.0	0
$300,000 - $349,999	344.0	1	319.7	7	0.0	0
Over $350,000	528.5	8	611.0	55	838.7	23
Total	**156.0**	**67**	**319.0**	**153**	**810.9**	**24**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	328.7	17	277.5	47	455.9	4
Highest Paid	909.0		978.7		696.8	
Less than $ 60,000	46.4	1	33.3	11	31.2	1
$ 60,000 - $ 74,999	0.0	0	66.3	1	0.0	0
$ 75,000 - $ 99,999	100.0	1	81.5	3	0.0	0
$100,000 - $124,999	113.7	2	107.2	1	0.0	0
$125,000 - $149,999	137.9	2	136.3	6	0.0	0
$150,000 - $174,999	173.7	1	159.5	7	0.0	0
$175,000 - $199,999	0.0	0	189.2	1	0.0	0
$200,000 - $249,999	242.1	1	226.9	9	0.0	0
$250,000 - $299,999	299.1	1	253.2	1	0.0	0
$300,000 - $349,999	329.9	4	325.6	5	340.9	2
Over $350,000	589.9	5	506.2	13	570.9	2
Total	**313.0**	**18**	**231.2**	**58**	**370.9**	**5**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	344.5	107	383.1	72	844.7	6
Highest Paid	1,387.8		925.1		1,067.2	
Less than $ 60,000	27.7	6	40.5	2	0.0	0
$ 60,000 - $ 74,999	62.9	1	71.1	2	0.0	0
$ 75,000 - $ 99,999	79.3	3	82.7	5	0.0	0
$100,000 - $124,999	112.1	3	110.0	2	0.0	0
$125,000 - $149,999	138.5	3	134.6	4	0.0	0
$150,000 - $174,999	161.9	5	169.6	2	0.0	0
$175,000 - $199,999	193.9	4	188.2	3	0.0	0
$200,000 - $249,999	223.9	12	221.4	4	0.0	0
$250,000 - $299,999	272.9	14	274.1	3	0.0	0
$300,000 - $349,999	321.8	11	329.3	6	0.0	0
Over $350,000	474.0	51	528.9	41	844.7	6
Total	**327.7**	**113**	**373.9**	**74**	**844.7**	**6**

	General Practitioners					
	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	552.8	40	489.2	12	521.6	11
Highest Paid	1,808.1		1,289.0		869.3	
Less than $ 60,000	24.3	2	40.0	3	0.0	0
$ 60,000 - $ 74,999	0.0	0	87.0	2	0.0	0
$ 75,000 - $ 99,999	0.0	0	0.0	0	0.0	0
$100,000 - $124,999	0.0	0	0.0	0	0.0	0
$125,000 - $149,999	0.0	0	0.0	0	0.0	0
$150,000 - $174,999	150.6	0	0.0	0	0.0	0
$175,000 - $199,999	194.2	1	0.0	0	0.0	0
$200,000 - $249,999	234.8	1	236.0	1	0.0	0
$250,000 - $299,999	287.4	2	0.0	0	0.0	0
$300,000 - $349,999	320.7	8	0.0	0	312.9	2
Over $350,000	681.2	27	606.8	9	568.0	9
Total	**527.6**	**42**	**399.4**	**15**	**521.6**	**11**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program. For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	408.3	56	466.1	13	1,102.0	25
Highest Paid	1,019.4		1,158.6		2,470.5	
Less than $ 60,000	16.8	6	26.7	1	37.6	2
$ 60,000 - $ 74,999	64.4	2	0.0	0	0.0	0
$ 75,000 - $ 99,999	82.5	4	0.0	0	0.0	0
$100,000 - $124,999	110.2	1	0.0	0	0.0	0
$125,000 - $149,999	144.4	1	0.0	0	143.8	1
$150,000 - $174,999	164.5	1	169.6	1	0.0	0
$175,000 - $199,999	178.9	2	0.0	0	0.0	0
$200,000 - $249,999	227.6	5	240.5	2	231.1	1
$250,000 - $299,999	267.9	4	268.0	1	0.0	0
$300,000 - $349,999	325.2	7	0.0	0	0.0	0
Over $350,000	591.2	29	571.2	9	1,181.0	23
Total	**370.4**	**62**	**434.7**	**14**	**1,023.0**	**27**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	494.5	14	449.8	72
Highest Paid	1,161.7		2,024.6	
Less than $ 60,000	0.0	0	12.3	9
$ 60,000 - $ 74,999	71.8	1	65.4	4
$ 75,000 - $ 99,999	84.0	1	86.1	4
$100,000 - $124,999	100.7	1	107.6	8
$125,000 - $149,999	0.0	0	139.6	5
$150,000 - $174,999	170.0	1	162.3	2
$175,000 - $199,999	0.0	0	186.5	5
$200,000 - $249,999	0.0	0	209.3	3
$250,000 - $299,999	0.0	0	272.9	6
$300,000 - $349,999	0.0	0	328.7	3
Over $350,000	649.5	10	803.5	32
Total	**494.5**	**14**	**401.2**	**81**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25

Average Payment ($000's) Per Physician by Specialty, 2007-08 to 2012-13

Type of Physician[1]	Average Payments[2] (000's) 2007-08	2008-09	2009-10[3]	2010-11[3]	2011-12	2012-13	Average Annual Per Cent Change 2007-08 to 2012-13
General Practitioners							
Metro Association	228.5	233.5	245.0	262.9	261.3	274.6	3.78
Metro Solo	240.3	236.7	239.0	247.0	244.9	259.5	1.59
Urban Association	272.4	257.2	263.9	265.3	267.5	280.4	0.64
Urban Solo	310.9	338.0	348.7	376.4	322.1	372.5	4.21
Rural Association	267.0	248.5	251.6	253.2	263.2	264.7	-0.11
Rural Solo	269.0	260.7	253.9	285.7	278.4	338.0	5.14
All General Practitioners	**251.4**	**247.3**	**254.1**	**265.8**	**265.2**	**280.2**	**2.23**
Specialists							
Paediatricians and Medical Geneticists	210.8	206.5	223.2	222.4	207.9	207.8	-0.18
Internists and Physiatrists	369.2	359.7	360.5	359.9	359.2	362.8	-0.34
Neurologists	307.2	303.8	300.3	307.5	334.7	328.7	1.44
Cardiologists	647.1	692.0	801.3	801.1	753.9	810.9	4.88
Psychiatrists	218.7	223.1	212.5	228.6	247.0	277.5	5.05
Dermatologists	414.7	425.3	430.7	468.8	459.9	455.9	1.98
Anaesthetists	304.1	304.5	326.5	306.1	323.0	344.5	13.62
General Surgeons	397.2	395.5	396.2	403.8	379.4	383.1	-0.68
Cardiac Surgeons	718.9	722.4	826.3	830.6	849.9	844.7	3.42
Orthopaedic Surgeons	376.8	407.5	448.7	454.4	508.0	552.8	8.03
Plastic and Reconstructive Surgeons	380.9	413.0	443.8	463.6	422.2	489.2	5.46
Neurological Surgeons	314.3	401.0	459.7	367.3	428.0	521.6	12.10
Obstetricians and Gynaecologists	369.7	357.7	381.9	406.8	406.0	408.3	2.08
Urological Surgeons	399.0	400.2	403.3	459.7	420.7	466.1	3.47
Ophthalmologists	777.6	837.7	869.6	970.4	1,002.0	1,102.0	7.27
Otolaryngologists	443.8	442.1	464.7	486.4	463.4	494.5	2.28
Pathologists and Diagnostic Radiologists	505.3	500.4	501.9	505.9	480.1	449.8	-2.26
All Specialists	**385.9**	**390.1**	**405.5**	**409.0**	**410.5**	**423.9**	**1.91**
Spec. less Pathologists & Radiologists	375.0	379.7	396.0	399.6	403.5	420.9	2.35
All Physicians	**308.2**	**308.6**	**320.3**	**330.1**	**331.5**	**346.8**	**2.40**
Phys. less Pathologists & Radiologists	301.0	301.2	312.9	322.8	325.0	421.4	7.49

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

[3] For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are now the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.
4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26

Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	175	286.8	74	522.9	81	601.4	59	436.4
Saskatoon[3]	239	260.5	169	290.6	110	529.4	100	365.3
Moose Jaw	26	300.2	6	453.5	9	495.2	5	359.9
Prince Albert	62	288.6	10	396.1	20	374.5	10	421.0
Yorkton	16	323.0	5	212.3	7	564.2	1	**
Swift Current	24	253.1	4	339.9	5	408.6	3	181.2
North Battleford	23	350.2	2	**	9	385.0	0	0.0
Estevan	9	495.5	0	0.0	1	**	0	0.0
Weyburn	11	333.2	0	0.0	0	0.0	0	0.0
All Other Locations	227	272.8	3	109.4	7	177.7	1	**
B. By Activity Threshold:								
1. Total Active Physicians[2]	812	280.2	273	359.5	249	521.2	179	386.9
2. Total Licensed Physicians[4]	1,066	–	411	–	280	–	287	–
3. Resident and Active in Two Consecutive Years[2]	724	297.9	244	386.2	234	542.4	150	423.4
4. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	667	315.6	234	399.9	219	572.4	137	453.4
C. By Age Group:[2]								
Under 35	136	255.9	17	229.4	21	346.8	15	339.3
35 - 44	191	302.3	88	329.5	82	599.6	68	303.8
45 - 54	227	314.5	76	368.5	65	499.9	48	428.1
55 - 64	149	299.0	50	395.1	56	575.4	40	497.2
65 +	109	224.5	42	416.5	25	344.0	8	383.2

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those we know are retired. Locums are included even though they do not have their own billing number. Educational locums, residents and interns are typically excluded.

** Not shown, to preserve confidentiality.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Table 27

Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage[3]	Total Payments for Emergency Coverage
	Number of Rotations				
	Tier I	Tier II	Payments[2]		
Regional Health Authority					
1 Sun Country	1	5	$539,324	$933,896	$1,473,221
2 Five Hills	7	3	$1,551,592	$456,139	$2,007,732
3 Cypress	7	2	$1,414,866	$727,901	$2,142,767
4 Regina Qu'Appelle	31	13	$7,878,914	$905,376	$8,784,290
5 Sunrise	6	2	$1,261,161	$793,079	$2,054,240
6 Saskatoon	43	25	$11,691,302	$900,028	$12,591,330
7 Heartland	0	2	$146,397	$1,095,872	$1,242,269
8 Kelsey Trail	0	5	$332,455	$1,051,097	$1,383,552
9 Prince Albert Parkland	8	3	$1,835,163	$223,802	$2,058,965
10 Prairie North	11	8	$2,452,180	$643,332	$3,095,512
11 Mamawetan Churchill River	0	0	$0	$194,211	$194,211
12 Keewatin Yatthé	0	0	$0	$315,002	$315,002
13 Athabasca	0	0	$0	$143,564	$143,564
All Regional Health Authorities	114	68	$29,103,354	$8,383,299	$37,486,653
Other Emergency Coverage					
Medical Health Officers	0	3	$450,000	--	$450,000
Saskatchewan Cancer Agency	2	5	$1,112,284	--	$1,112,284
All Emergency Coverage	**116**	**76**	**$30,665,638**	**$8,383,299**	**$39,048,937**

[1] Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other. For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

[3] Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes:

Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28

Medical Remuneration and Alternate Payment Expenditures ($000's)

		Medical Remuneration Payments[1]		Alternate Payments		Non-Fee-For-Service Total Payments	
		2011-12[3]	2012-13	2011-12[3]	2012-13	2011-12[3]	2012-13
Regional Health Authority							
1	Sun Country	$2,275	$2,344	$0	$0	$2,275	$2,344
2	Five Hills	$5,868	$6,306	$3,387	$3,543	$9,254	$9,849
3	Cypress	$5,262	$5,639	$3,094	$3,230	$8,357	$8,869
4	Regina Qu'Appelle	$56,648	$60,383	$1,947	$3,352	$58,595	$63,935
5	Sunrise	$5,493	$5,817	$0	$0	$5,493	$5,817
6	Saskatoon	$44,323	$53,867	$11,564	$13,897	$55,887	$67,888
7	Heartland	$732	$754	$0	$0	$732	$754
8	Kelsey Trail	$1,172	$1,208	$0	$0	$1,172	$1,208
9	Prince Albert Parkland	$6,955	$8,093	$6,738	$7,068	$13,694	$15,161
10	Prairie North	$8,803	$9,173	$621	$723	$9,423	$9,896
11	Mamawetan Churchill River	$77	$79	$0	$0	$77	$79
12	Keewatin Yatthé	$0	$0	$0	$0	$0	$0
13	Athabasca	$0	$0	$0	$0	$0	$0
All Regional Health Authorities		$137,608	$153,663	$27,351	$31,813	$164,959	$185,476
	Provincial Projects[2]	$0	$0	$5,421	$5,417	$5,421	$5,417
All Expenditures		**$137,608**	**$153,663**	**$32,772**	**$37,230**	**$170,380**	**$190,893**

[1] These expenditures for physician services are administered through Regional Health Authorities and funded by the Ministry of Health.
[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.
[3] For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Note:

1) Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29

Insured Population by Age and Sex by Regional Health Authority

Age Groups	Sex	Regional Health Authority of Patient Residence													
		1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Total
Under 1	M	349	317	244	1,721	312	2,144	254	219	556	612	259	120	21	**7,129**
	F	337	275	199	1,724	271	2,019	239	254	505	634	274	124	24	**6,878**
	T	685	591	443	3,445	583	4,163	493	474	1,062	1,246	533	244	45	**14,007**
1 - 4	M	1,444	1,342	953	7,333	1,288	8,792	1,022	1,067	2,447	2,695	1,168	533	140	**30,224**
	F	1,457	1,277	969	6,923	1,276	8,302	1,042	1,033	2,296	2,646	1,067	509	126	**28,924**
	T	2,901	2,619	1,922	14,256	2,564	17,094	2,064	2,100	4,743	5,341	2,235	1,042	266	**59,148**
5 - 9	M	1,755	1,485	1,286	8,189	1,613	9,772	1,279	1,260	2,881	2,929	1,270	569	152	**34,439**
	F	1,708	1,413	1,173	7,785	1,494	9,515	1,189	1,175	2,732	2,937	1,158	528	151	**32,957**
	T	3,463	2,898	2,458	15,974	3,106	19,287	2,468	2,435	5,613	5,866	2,428	1,097	303	**67,396**
10 - 14	M	1,629	1,494	1,363	7,921	1,602	9,697	1,279	1,360	2,881	2,885	1,161	512	136	**33,920**
	F	1,726	1,422	1,284	7,663	1,571	9,090	1,251	1,248	2,730	2,892	1,135	484	133	**32,627**
	T	3,355	2,916	2,647	15,583	3,172	18,787	2,530	2,608	5,610	5,777	2,296	996	269	**66,547**
15 - 19	M	1,956	1,751	1,448	8,896	1,775	10,605	1,473	1,459	3,013	3,025	1,208	596	127	**37,331**
	F	1,774	1,671	1,428	8,330	1,693	10,119	1,394	1,434	2,958	2,848	1,137	566	120	**35,472**
	T	3,729	3,422	2,876	17,226	3,468	20,724	2,867	2,892	5,971	5,873	2,345	1,162	247	**72,803**
20 - 24	M	1,975	1,975	1,507	10,536	1,817	12,404	1,508	1,403	3,219	3,105	1,114	583	113	**41,258**
	F	1,872	1,741	1,338	9,689	1,677	12,150	1,478	1,297	2,910	2,945	1,055	592	122	**38,865**
	T	3,847	3,716	2,845	20,225	3,494	24,554	2,987	2,699	6,129	6,049	2,169	1,175	235	**80,123**
25 - 29	M	2,139	1,799	1,320	11,050	1,620	13,316	1,452	1,231	2,559	2,977	914	497	124	**40,998**
	F	1,964	1,762	1,290	10,420	1,548	12,965	1,305	1,156	2,588	2,998	913	461	135	**39,505**
	T	4,103	3,561	2,609	21,470	3,168	26,281	2,757	2,386	5,147	5,975	1,827	958	259	**80,503**
30 - 34	M	2,083	1,672	1,243	10,271	1,636	12,267	1,262	1,093	2,317	2,848	778	360	94	**37,924**
	F	1,849	1,660	1,254	9,697	1,537	11,986	1,177	1,054	2,354	2,720	750	334	96	**36,468**
	T	3,932	3,332	2,497	19,969	3,173	24,253	2,439	2,147	4,670	5,568	1,528	694	190	**74,392**
35 - 39	M	1,818	1,491	1,219	9,286	1,557	10,977	1,116	1,176	2,180	2,315	700	348	79	**34,261**
	F	1,628	1,523	1,223	8,886	1,512	10,667	1,147	1,115	2,325	2,413	725	347	66	**33,577**
	T	3,446	3,014	2,441	18,172	3,069	21,644	2,263	2,291	4,505	4,728	1,425	695	145	**67,838**
40 - 44	M	1,682	1,445	1,151	8,650	1,634	10,517	1,204	1,164	2,322	2,231	717	418	92	**33,227**
	F	1,585	1,460	1,250	8,437	1,620	10,169	1,137	1,116	2,312	2,199	686	418	71	**32,460**
	T	3,268	2,905	2,400	17,087	3,254	20,686	2,341	2,280	4,634	4,430	1,403	836	163	**65,687**
45 - 49	M	1,992	1,764	1,497	9,651	1,971	11,485	1,448	1,403	2,495	2,459	673	397	67	**37,302**
	F	1,856	1,855	1,474	9,580	1,890	11,213	1,409	1,368	2,602	2,448	631	385	79	**36,790**
	T	3,848	3,619	2,971	19,231	3,861	22,697	2,857	2,772	5,097	4,907	1,304	782	146	**74,092**
50 - 54	M	2,207	2,269	1,875	10,048	2,236	11,776	1,747	1,538	2,762	2,624	619	359	42	**40,102**
	F	1,987	2,144	1,794	9,890	2,132	11,833	1,687	1,435	2,828	2,595	588	317	57	**39,287**
	T	4,194	4,414	3,668	19,938	4,368	23,609	3,434	2,973	5,590	5,219	1,207	676	99	**79,389**
55 - 59	M	2,051	2,158	1,755	9,099	2,234	10,696	1,860	1,528	2,646	2,308	559	269	38	**37,201**
	F	1,855	2,133	1,656	9,224	2,090	10,718	1,578	1,450	2,556	2,298	497	222	27	**36,303**
	T	3,906	4,291	3,411	18,322	4,324	21,414	3,437	2,978	5,203	4,606	1,056	491	65	**73,504**
60 - 64	M	1,573	1,774	1,344	7,032	1,956	8,186	1,365	1,363	2,238	1,893	431	213	29	**29,398**
	F	1,457	1,754	1,317	7,160	1,861	8,184	1,309	1,312	2,240	1,721	368	173	29	**28,884**
	T	3,031	3,528	2,660	14,192	3,817	16,371	2,674	2,674	4,478	3,614	799	386	58	**58,282**
65 - 69	M	1,222	1,356	1,118	5,149	1,532	5,890	1,138	1,115	1,777	1,412	262	154	22	**22,146**
	F	1,238	1,321	1,069	5,440	1,603	6,142	1,051	1,118	1,713	1,321	239	122	22	**22,400**
	T	2,460	2,677	2,187	10,589	3,135	12,032	2,189	2,233	3,490	2,733	501	276	44	**44,546**
70 - 74	M	907	967	814	3,661	1,323	4,281	807	954	1,300	1,047	158	123	19	**16,359**
	F	969	1,072	857	4,244	1,391	4,872	837	912	1,335	1,042	150	104	15	**17,799**
	T	1,876	2,038	1,671	7,905	2,714	9,153	1,644	1,866	2,634	2,089	308	227	34	**34,158**
75 & Over	M	2,065	2,225	1,814	7,079	2,636	8,266	1,762	1,698	2,276	1,767	225	132	27	**31,972**
	F	2,781	3,227	2,465	10,838	3,771	12,922	2,421	2,392	3,073	2,282	244	132	13	**46,563**
	T	4,846	5,452	4,279	17,918	6,407	21,188	4,183	4,090	5,350	4,049	469	264	40	**78,535**
Total all ages	**M**	**28,847**	**27,282**	**21,947**	**135,573**	**28,742**	**161,072**	**21,976**	**21,031**	**39,869**	**39,133**	**12,216**	**6,183**	**1,322**	**545,191**
	F	**28,043**	**27,712**	**22,036**	**135,930**	**28,936**	**162,866**	**21,650**	**20,868**	**40,057**	**38,939**	**11,617**	**5,818**	**1,286**	**545,759**
	T	**56,890**	**54,994**	**43,982**	**271,503**	**57,678**	**323,938**	**43,626**	**41,899**	**79,926**	**78,072**	**23,833**	**12,001**	**2,608**	**1,090,950**

Notes:

1) Population as at June 30, 2012.
2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Regional Health Authority of Patient Residence by Physician Regional Health Authority

		Regional Health Authority of Physician Practice														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
	Regional Health Authority of Patient Residence	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Athabasca	Out of Province	Total
1	Sun Country	77.7	1.5	0.1	16.2	0.3	1.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	2.9	100.0
2	Five Hills	0.4	84.2	1.1	8.4	0.1	2.7	0.5	0.0	0.1	0.1	0.0	0.0	0.0	2.4	100.0
3	Cypress	0.1	1.5	82.5	2.3	0.1	2.2	0.4	0.0	0.1	0.1	0.0	0.0	0.0	10.7	100.0
4	Regina Qu'Appelle	0.4	0.4	0.1	94.4	0.7	1.6	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.0	100.0
5	Sunrise	0.3	0.2	0.1	7.0	85.6	3.3	0.0	0.5	0.1	0.1	0.0	0.0	0.0	2.9	100.0
6	Saskatoon	0.1	0.1	0.1	0.9	0.2	94.8	0.2	0.4	1.0	0.3	0.0	0.0	0.0	1.9	100.0
7	Heartland	0.1	0.5	1.8	0.6	0.0	14.2	70.6	0.1	0.1	5.1	0.0	0.0	0.0	6.8	100.0
8	Kelsey Trail	0.2	0.2	0.0	0.9	0.4	8.2	0.1	80.8	6.9	0.3	0.0	0.0	0.0	1.9	100.0
9	Prince Albert Parkland	0.1	0.1	0.0	0.7	0.1	7.1	0.1	1.8	86.1	1.9	0.2	0.0	0.0	1.9	100.0
10	Prairie North	0.0	0.0	0.1	0.5	0.1	5.9	1.5	0.1	0.6	69.5	0.0	0.1	0.0	21.7	100.0
11	Mamawetan Churchill River	0.1	0.0	0.0	0.9	0.1	7.0	0.1	0.6	25.7	0.4	41.1	0.1	0.1	23.9	100.0
12	Keewatin Yatthé	0.0	0.0	0.0	0.5	0.0	10.9	0.2	0.0	7.4	27.3	0.5	49.8	0.0	3.4	100.0
13	Athabasca	0.1	0.0	0.0	0.6	0.0	11.3	0.0	0.2	25.3	0.8	1.1	0.8	59.0	0.9	100.0
	Rural Emergency Coverage	13.7	5.1	9.5	9.3	10.3	10.1	13.8	12.7	1.8	5.6	2.4	4.0	1.8	0.0	100.0
	All Regional Health Authorities	**4.8**	**4.3**	**3.9**	**24.1**	**5.6**	**30.1**	**3.9**	**3.9**	**8.0**	**5.9**	**0.7**	**0.5**	**0.1**	**4.3**	**100.0**

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between Regional Health Authorities.
3) Band members are placed in the Regional Health Authority as indicated by their mailing address.
4) Payments to physicians by Regional Health Authority have not been adjusted for itinerant services.
5) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
6) See "Data Limitations" on page 10.

Table 31

Per Capita Physician Payments and Services by Regional Health Authority of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	239.35	6.16	81.20	249.88	3.28	35.60	489.23	9.44	83.00
2 Five Hills	208.05	6.25	81.00	323.35	4.60	44.40	531.40	10.85	83.80
3 Cypress	252.72	6.92	79.20	353.57	5.67	38.30	606.30	12.59	82.00
4 Regina Qu'Appelle	212.40	5.94	82.40	341.25	4.74	48.60	553.64	10.69	85.40
5 Sunrise	255.15	7.28	80.80	308.32	4.25	42.30	563.48	11.53	83.50
6 Saskatoon	219.22	6.26	84.30	326.21	5.28	48.70	545.44	11.54	86.50
7 Heartland	275.90	7.23	83.10	296.77	4.60	44.00	572.67	11.83	85.30
8 Kelsey Trail	232.99	6.17	80.30	266.76	3.69	39.80	499.75	9.87	83.00
9 Prince Albert Parkland	252.30	7.10	84.80	295.92	4.52	45.10	548.22	11.62	87.30
10 Prairie North	272.54	6.76	76.50	376.38	7.49	38.70	648.92	14.25	79.00
11 Mamawetan Churchill River	172.06	4.46	65.60	225.51	3.48	34.20	397.57	7.94	69.90
12 Keewatin Yatthé	173.35	4.29	69.70	244.45	3.46	31.10	417.81	7.75	72.20
13 Athabasca	98.74	2.61	60.80	253.10	3.70	40.50	351.84	6.31	67.10
All Regional Health Authorities	**228.72**	**6.32**	**81.10**	**320.87**	**4.92**	**44.80**	**549.59**	**11.25**	**83.70**

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between Regional Health Authorities
3) Band members are placed in the Regional Health Authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
5) See "Data Limitations" on page 10.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1 Sun Country	43	29	1,962	$395,503	2,693	7,023
2 Five Hills	45	34	1,617	$306,886	2,112	6,044
3 Cypress	39	36	1,222	$259,030	1,873	4,858
4 Regina Qu'Appelle	326	198	1,371	$292,974	2,449	5,913
5 Sunrise	45	37	1,559	$351,008	2,135	6,615
6 Saskatoon	400	273	1,187	$262,560	2,354	4,976
7 Heartland	29	25	1,745	$382,421	2,011	6,391
8 Kelsey Trail	62	34	1,232	$263,791	1,993	4,441
9 Prince Albert Parkland	90	65	1,230	$295,266	2,895	5,985
10 Prairie North	86	61	1,280	$222,111	1,595	3,716
11 Mamawetan Churchill River	16	12	1,986	$126,958	1,979	2,566
12 Keewatin Yatthé	17	6	2,000	$104,299	1,238	2,035
13 Athabasca	3	2	1,304	$79,129	1,029	1,242
All Regional Health Authorities	**1,119**	**812**	**1,344**	**$280,150**	**2,291**	**5,333**

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one Regional Health Authority but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
3) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
4) See "Data Limitations" on page 10.

Table 33

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2007-08 Completed Program	2007-08 Remained in Saskatchewan	2008-09 Completed Program	2008-09 Remained in Saskatchewan	2009-10 Completed Program	2009-10 Remained in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine - Regina	8	7	9	7	13 [4]	4
Family Medicine - Saskatoon	11 [5]	8	11 [7]	6	7 [6]	3
Family Medicine - Prince Albert	4 [4]	3	4	4	5	3
Family Medicine - Swift Current	-	-	-	-	-	-
Family Medicine/Emergency	2	2	2	2	6	6
Family Medicine/Enhanced Skills	-	-	-	-	n/a	n/a
All Family Medicine	**25**	**20**	**26**	**19**	**31**	**16**
Anaesthesia	1	1	4	2	5	4
Cardiology	1	-	3	2	1	-
Diagnostic Radiology	3	1	3	2	3	1
Emergency Medicine	-	-	-	-	-	-
General Surgery	4	2	5	-	3	-
Internal Medicine	1	1	4	2	2	2
Neurology	1	-	2	1	1	1
Neurosurgery	1	-	1	-	1	-
Obstetrics/Gynaecology	1	1	3	3	3	-
Ophthalmology	1	-	1	-	1	-
Orthopaedic Surgery	2	-	3	-	3	-
Paediatrics	4	2	-	-	3	-
Pathology	1	1	3	1	2	1
Physical Medicine & Rehabilitation	1	-	-	-	1	1
Public Health & Preventive Medicine	-	-	-	-	-	-
Psychiatry	1	1	2	2	5	1
Respiratory Medicine	1	1	2	1	1	-
Rheumatology	-	-	-	-	1	-
All Specialists	**24**	**11**	**36**	**16**	**36**	**11**
Total CSF Funded	**49**	**31**	**62**	**35**	**67**	**27**
Externally Funded	**6**	**6**	**8**	**6**	**5**	**3**
Total Physicians	**55**	**37**	**70**	**41**	**72**	**30**
CSF Funded Retention Rates[3]						
Family Medicine		91%		86%		59%
Specialists		46%		44%		31%
All Physicians		**67%**		**60%**		**43%**
CSF Funded and Externally Funded Retention Rates[3]						
All Physicians		**71%**		**62%**		**44%**

[1] The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Net of the number of graduates who have entered further training.

Note:

1) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33 (Continued)

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2010-11 Completed Program	2010-11 Remained[3] in Saskatchewan	2011-12 Completed Program	2011-12 Remained[3] in Saskatchewan	CSF Funded Positions in 2012-13	Retention Rate[3] of June 2012 Graduates
Funded by the Clinical Services Fund						
Family Medicine - Regina	12 [6]	4	11 [5]	6	32	67%
Family Medicine - Saskatoon	10	9	14 [6]	8	30	73%
Family Medicine - Prince Albert	5 [4]	4	4	3	12	75%
Family Medicine - Swift Current	-	-	4	2	8	50%
Family Medicine/Emergency	6	2	9	2	8	22%
Family Medicine/Enhanced Skills	-	-	3	2	6	67%
All Family Medicine	**33**	**19**	**45**	**23**	**96**	**58%**
Anaesthesia	3	2	3	2	30	67%
Cardiology	1	1	2	1	6	50%
Diagnostic Radiology	2	-	3	-	20	0%
Emergency Medicine	-	-	-	-	6	0%
General Surgery	3	-	4	-	25	0%
Internal Medicine	1	-	-	-	76	0%
Neurology	1	-	-	-	10	0%
Neurosurgery	1	-	-	-	6	0%
Obstetrics/Gynaecology	2	1	4	1	27	25%
Ophthalmology	1	-	1	-	5	0%
Orthopaedic Surgery	1	-	3	-	18	0%
Paediatrics	2	1	6	2	20	33%
Pathology	-	-	-	-	9	0%
Physical Medicine & Rehabilitation	-	-	1	1	10	100%
Public Health & Preventive Medicine	-	-	-	-	3	0%
Psychiatry	-	-	1	1	27	100%
Respiratory Medicine	-	-	-	-	7	0%
Rheumatology	-	-	-	-	-	0%
All Specialists	**18**	**5**	**28**	**8**	**305**	**29%**
Total CSF Funded	**51**	**24**	**73**	**31**	**401**	**46%**
Externally Funded	**10**	**7**	**8**	**6**	**26**	**75%**
Total Physicians	**61**	**31**	**81**	**37**	**427**	**49%**
CSF Funded Retention Rates[8]						
Family Medicine		66%		58%		
Specialists		28%		29%		
All Physicians		**51%**		**46%**		
CSF Funded and Externally Funded Retention Rates[8]						
All Physicians		**54%**		**49%**		

[1] The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Net of the number of graduates who have entered further training.

Note:

1) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 34

In-Province Optometrists: Selected Indicators

	2011-12	2012-13
Number of Registered[1] Practitioners	151	163
Population Per Registered[1] Practitioner	7180	6693
Per Cent of Beneficiaries Treated	10.6%	10.9%
Practising[2] Optometrists:		
Number of Practitioners	145	152
Number by Age Group: Under 35	42	59
35 - 44	35	36
45 - 54	29	28
55 - 64	24	21
65 and over	15	12
Average Number of Patients Per Practitioner	811	802
Average Patient Contacts Per Practitioner	971	962
Average Payment Per Practitioner	$46,183	$45,101
Number by Dollar Range: Less than $10,000	9	9
$10,000 - 19,999	16	15
$20,000 - 39,999	33	41
$40,000 - 59,999	47	39
$60,000 - 79,999	26	31
$80,000 - 99,999	10	14
$100,000 - 119,999	2	2
$120,000 - 139,999	2	1
$140,000 - 159,999	0	0
$160,000 - 179,999	0	0
$180,000 & over	0	0

[1] Optometrists practising in Saskatchewan under MSP coverage at the end of the year.
[2] Optometrists receiving MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note:

1) Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- Physician Recruitment Strategy – Receives $3.5 million in annualized funding, and includes the following initiatives: The Physician Recruitment Agency of Saskatchewan (saskdocs) and the Saskatchewan International Physician Practice Assessment Program.

- Specialist Recruitment and Retention Program – A $2.0 million fund, jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee, is used to fund three programs: 1) *The Specialist Residency Bursary Program* offers up to 15 bursaries of $25,000 to fund residents in specialty training at the University of Saskatchewan for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) *The Specialist Recruitment Incentive* provides up to 15 grants of $30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and, 3) *The Specialist Physician Enhancement Training Program* funds practising specialists to obtain additional training. This program provides six grants of up to $80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practised in Saskatchewan for two years to be eligible.

- Specialist Emergency Coverage Program – This program is jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).

- Long Service Retention Program – This program is intended to recognize physicians who provide 10 or more years of service to the province.

- Committee on Rural and Regional Practice - A $3.14 million fund, jointly managed by the Saskatchewan Medical Association and the Ministry of Health, which funds a variety of programs including: 1) Rural Practice Establishment Grant Programs – Grants of $25,000 are available to physicians who establish new practices in rural Saskatchewan for a minimum of 18 months. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement; 2) Regional Practice Establishment (RPEG) Program – Grants of $10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional centre; 3) Family Medicine Residency Bursary Program – Bursaries of $25,000 per year to fund family medicine residents in exchange for a rural return-of-service commitment; 4) Rural Practice Enhancement Training – This program provides funding to practicing rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required; 5) Locum Service Program – This program, operated by the Saskatchewan Medical Association and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education, or other leave; 6) Rural Emergency Care – Continuing Medical Education Program – This program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of $250) may be reimbursed. Eligible physicians must have 12 months of practice in rural Saskatchewan. A return of service commitment is expected; 7) Rural Travel Assistance Program – This program provides reimbursement of travel costs from rural physicians who have to travel to another rural community to provide service; and, 8) Rural Extended Leave Program – This program supports physicians in rural practice who want to upgrade their skills and knowledge in areas such as obstetrics or anesthesia, by reimbursing educational costs and foregone practice income for up to six weeks.

- Emergency Room Coverage/Weekend Relief Program – This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).

- Rural Emergency Care - CME Program – This Continuing Medical Education program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support and Paediatric Advanced Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of $250) may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return of service commitment is expected.

- Support Services – The Saskatchewan Medical Association operates a Rural Travel Assistance Program, a Rural Extended Leave Program, a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.

- Information Technology Fund – A $2.0 million initiative to assist in the development of the electronic medical record as part of the overall Electronic

- Saskatchewan Health International Medical Graduates (IMG) Residency Training Program – This program funds up to four residency positions annually at the University of Saskatchewan. These positions are dedicated to international medical graduates who require a period of residency training in order to qualify for licensure to practise in Saskatchewan.

- Other Initiatives: 1) Family Physician Comprehensive Care and Metro On-Call Program – This program recognizes family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) General Practitioner Specialist Program – This provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) Quality and Access – The intent of this program is to encourage physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) Chronic Disease Management – Quality Improvement Program – This voluntary program is designed to encourage physicians to continually improve their practice by adopting and utilizing the best and most current tools such as electronic medical record software, for providing high quality patient care; and, 5)Provincial Physician Locum Pool – The Ministry of Health provides funding to the Regional Health Authorities to support locum arrangements to assist with emergency and primary health medical services in rural areas.

Agreements with Professional Associations

- The physician agreement reached in early 2011 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2009 to March 31, 2013. It provided general fee increases of 11 per cent, along with a 2 per cent market adjustment over the term. The agreement also included $33 million in special programs that reward physicians choosing to adopt a full-scope of practice, patient focused care, chronic disease management and improved after hours access. Retroactive payments for the 2009-10 and 2010-11 fiscal years have been made in the 2011-12 fiscal year.

- Chiropractic coverage changes established that low-income individuals receiving Supplementary or Family Health benefits or on the Seniors Income Plan will be eligible for a maximum of 12 treatments per year. All other coverage has been eliminated.

- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2010 to March 31, 2013. It provides a 2 per cent general fee increase and a 2 per cent market adjustment effective April 1, 2010, a 2 per cent general fee increase and a 1 per cent market adjustment effective April 1, 2011, and 2 per cent general fee increase effective April 1, 2012.

- The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a 0 per cent general fee increase in the first year, a 6.1 per cent general fee increase effective April 1, 2009, and a 3 per cent general fee increase effective April 1, 2010. The agreement also provided a total of $100,000 over the term of the agreement for new items and modernization of the Payment Schedule.